

NORTHAMPTONSHIRE COUNTY COUNCIL



Annual Report

OF THE

MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1958



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NORTHAMPTONSHIRE COUNTY COUNCIL.

July, 1959.

To the Chairman and Members of the Northamptonshire County Council.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have pleasure in presenting the sixty-second annual report of the County Medical Officer of Health.

The vital statistics show the same trends as in recent years. The birth rate was 16.95 per thousand, the second highest rate since 1948. Of the total births in the County, 4,809, about one sixth, 815, took place in Corby where the rate was 26.6 per thousand. The general death rate was 11.17 per thousand; this rate has varied little, remaining between 11 and 12 per thousand since 1920. The infant mortality rate was 19.75 which is the second lowest rate on record.

Tuberculosis deaths number 24, 15 among males and 6 among females and it is gratifying to record that no deaths from lung tuberculosis occurred among males under 45 or among females under 25. The successful treatment of tuberculosis by modern drugs will be recorded as a landmark in the history of medicine. In contrast, deaths from lung cancer totalled 121, 109 males and 12 females, and as treatment does not yield satisfactory results it is more than ever necessary to take preventive measures indicated by the known facts about causation. Constant warnings against the dangers of excessive cigarette smoking must be reiterated, but local publicity efforts can be only puny compared with the skilful and widespread advertising on poster, television and press carried out by the tobacco manufacturers. The obvious answer is for the Government to institute a national publicity campaign that will more than match the appeal of the commercial advertisement. Our task locally is to consider the most effective means of putting all the facts about smoking—social, psychological and, with less emphasis, medical—to school leavers so that they will not acquire the habit. In view of the toll of lung cancer a considerable expenditure of medical manpower and of public funds is more than justified. The long term aim must surely be to endeavour to secure that excessive cigarette smoking is in time regarded as an antisocial habit. In the eighteenth century smoking was not fashionable and history can repeat itself. Will one see the snuff box become “U” and the cigarette case “non U”; or preferably both “non U”.

The home help service seems to have reached a steady level of expenditure without any restriction in the amount of work allocated per week in an individual case or in the duration of the period over which the service is extended. Some old folks have indeed been receiving the benefits of the service for six years. The appointment of a home help organiser in the Kettering-Wellingborough area has proved most successful. The organiser has applied uniform standards of needs and has soon established herself as friend, guide and counsellor to the women who act as home helps in the industrial areas. The organiser has also relieved the district nurses of work that was becoming intolerable because they had often to pay a number of visits before a suitable woman could be found to act as home help and, further, the nurses were expected to call more often than was necessary so as to encourage and commend the help for her work. Many of the home helps take a wide and humane view of their duties and have been known to take the old people they are looking after into their own homes for week-ends and holidays.

The poliomyelitis vaccination campaign absorbed a great deal of the resources of the department and a special effort was made to complete the vaccination of school children before the end of the summer term. At one time as many as fifty clinics were being held a week and seven thousand children were being injected. Throughout the year 887 clinics were organised and nearly 94,000 injections were given. Tribute is due to the medical staff and to my colleagues in general practice who took the clinics, and also to the nursing and administrative staff. A special word of praise must go to the many ladies throughout the County who in response to

the health visitors attended the clinics, where they rendered invaluable help in receiving the mothers and children and in dealing with the record cards. This voluntary help contributed greatly to the smooth running of the clinics.

The prevention of home accidents was considered at a conference in July in the County Hall when Dr. C. A. Boucher, of the Ministry of Health, gave an address to representatives of the District Councils and various voluntary organisations. Ways and means of propaganda were fully canvassed at the conference. The health visiting and nursing staff took part in the campaign and a considerable quantity of literature, posters and leaflets were distributed. Some of the District Councils undertook to distribute propaganda material and the value of their assistance is acknowledged.

Another milestone in the long road to clear milk from the risk of causing tuberculosis was reached when the eradication plan was extended to the whole County on the 1st October. Very shortly all herds in the County should be tuberculosis free—an achievement which must give great satisfaction to the veterinary profession whose members have worked so strenuously in testing and retesting to attain this end.

A handicraft training centre for mentally deficient youths was started in September under the supervision of Mr. W. Lewis. The quality of the woodwork and craftwork done at this centre and the improvement in the behaviour and bearing of the youths have deservedly received commendable notice from members of the Committee. This is a forerunner of the type of community care work which the County Council will, it is hoped, provide in the discharge of their duties under the new mental health legislation. One of the most important tasks the County Council have to face in the next few years will be the translation from paper to practice of the proposals designed to secure a shift of emphasis from institutional to community care that are to be submitted to the Ministry of Health. I would also draw special attention to the problem of dealing with the elderly patient who shows some symptoms of derangement and for whom admission to a mental hospital may seem inevitable. The Committee's officers have a useful arrangement with the medical staff of the Geriatric Unit of St. Mary's Hospital, Kettering, whereby if they consider that an old person is likely to settle down in hospital and improve with medical treatment, the doctor admits the case on an undertaking that should the patient prove unsuitable immediate transfer to the mental hospital will be effected. Twelve patients were admitted to St. Mary's Hospital under these arrangements and none had to be transferred.

The ambulance service was continued on similar lines as in recent years. Despite reasonable measures to prevent abuse, the number of patients transported and the total mileage continue to increase. The work done is of value particularly to people living in rural areas who, prior to the introduction of the service, must have had great difficulty in attending a hospital or clinic, if indeed they were able to make the journey at all.

Finally I have pleasure in thanking the Chairman and Members of the Health Committee for their support and interest, and the members of my staff for their loyal and enthusiastic services.

I have the honour to be,

Your obedient Servant,

CHARLES MILLIKEN SMITH,
County Medical Officer of Health.

SECTION A.

VITAL STATISTICS

Area of the Administrative County	578,947 acres
Population (Census 1951)	255,258
„ 1958, Mid-year estimate	283,600
Structurally separate dwellings occupied (Census 1951)	76,246
Private households (Census 1951)	78,067
Rateable Value (April 1st, 1958)	£2,942,051
Actual product of a penny rate (1957-58)	£11,696

	NORTHAMPTONSHIRE			ENGLAND & WALES
	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Live births.....	2,446	2,363	4,809	
Live birth rate per 1,000 population.....				16.95 16.4
Stillbirths	59	50	109	
Stillbirth rate per 1,000 live and stillbirths ...				22.16 21.6
Total live and stillbirths	2,505	2,413	4,918	
Infant deaths	54	41	95	
Infant mortality rate per 1,000 live births :				
Total				19.75 22.5
Legitimate.....				20.11
Illegitimate				10.75
Neonatal (first four weeks) mortality rate per 1,000 live births.....				13.10
Illegitimate live births per cent of total live births				3.86
Maternal deaths (including abortion)				3
Maternal mortality rate per 1,000 live and stillbirths				0.61 0.43

Area. There has been no change in the area of the Administrative County, which remains at 578,947 acres.

Population. The Registrar General estimated the resident mid-year population for 1958 to have been 283,600 as compared with 278,800 in 1957. The estimated populations for the Urban and Rural areas were 152,900 and 130,700 persons respectively. The natural increase in population, i.e., the excess of births over deaths, totalled 1,639 persons. The estimated increase in population was 4,800.

Deaths. The total number of deaths assigned to the County by the Registrar General after adjusting for outward and inward transferable deaths, was 3,170 as compared with 3,059 in 1957. The crude death-rate, based on the mid-year estimated population, was 11.17 as compared with 10.97 in 1957. The ten chief causes of death accounted for 84.2 per cent of the total deaths and are led by heart disease (34.2), cancer (17.6), vascular lesions of the nervous system (14.2), other circulatory diseases (4.5), bronchitis (4.2), pneumonia (3.2), all other accidents (2.9), motor vehicle accidents (1.3), ulcer of stomach and duodenum (1.2), influenza (0.9).

Lists of the causes of deaths, classified under the thirty-six headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, as used for England and Wales, are given in Tables I and II (pages 57 to 60), whilst the history of the rate, together with other vital statistics for 1897-1958, are shown in Table No. VI (page 65). Comparability factors for each Urban and Rural District, Tables Nos. 1(a) and 1(b) (pages 57 to 58) have been provided by the Registrar General for adjusting the local birth and death rates. The comparability factors make allowance for age and sex distribution of the population in different areas. The factors may be stated to represent the population handicaps to be applied to the several areas ; and when multiplied by the crude birth or death

rates experienced in the area, modify the latter so as to make them comparable with other rates which have been similarly adjusted. For the last three years the death rate area comparability factors have been adjusted specifically to take account of the presence of any residential institutions in each area.

Births. The number of live births assigned to the County was 4,809 (comprising 2,446 males and 2,363 females) as compared with 4,748 in 1957, thus giving a birth rate of 16.95 per 1,000 of the population as compared with 16.4 for England and Wales.

Stillbirths. The number of stillbirths registered was 109 compared with 91 in the previous year. This is equivalent to a rate of 0.38 per 1,000 of the population as compared with 0.36 for England and Wales. The rate per 1,000 total births was 22.16 as compared with 18.80 for 1957, and with 21.6 for England and Wales.

Infant Mortality. The number of infants who died before attaining their first birthday was 95 (54 males and 41 females) as compared with 107 in 1957. Of these 95 there were 2 illegitimate deaths. The rate per 1,000 related live births was 19.75, which is below the rate of 22.5 for England and Wales. The number of deaths and the rates for 1897-1958 are shown in Table VI, (page 65).

Neonatal Mortality. This sub-division of the infant mortality includes all infants who died within twenty-eight days of independent existence. Included in the total number of infants who died were 63 who were classified as neonatal deaths. Details of the certified causes of those deaths are given in Table II(a) (page 61). The rate per 1,000 live births was 13.10 as compared with 15.79 for 1957.

Maternal Mortality. Three women died from causes associated with childbirth as compared with one for the previous year. The maternal mortality rates per 1,000 live and stillbirths during the last decade were as follows :

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Administrative County ... (Number of Deaths)	0.24 (1)	0.49 (2)	0.98 (4)	0.24 (1)	0.69 (3)	0.45 (2)	0.69 (3)	0.21 (1)	0.20 (1)	0.61 (3)
England and Wales	0.98	0.86	0.79	0.72	0.76	0.69	0.64	0.56	0.47	0.43

SECTION B.

General Provision of Health Services.

CARE OF MOTHERS AND YOUNG CHILDREN

(SECTION 22)

A. Care of Mothers.

(i) NOTIFICATION OF BIRTHS.

The number of births notified in the area under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications was :

	<i>Live Births</i>	<i>Stillbirths</i>	<i>Totals</i>
Domiciliary	1,736	16	1,752
Institutional	2,962	87	3,049
	<hr/>	<hr/>	<hr/>
	4,698	103	4,801
	<hr/>	<hr/>	<hr/>

Of the 1,752 domiciliary births, 1,664 were notified by midwives and 88 by doctors or parents.

Details of all notifications are transmitted promptly to the Health Visitors in order that they can begin visiting after the fourteenth day.

(ii) CARE OF PREMATURE INFANTS.

The following is an analysis of premature live infants and stillbirths (i.e., 5½ lbs. or less at birth, irrespective of the period of gestation).

1. *Number of Premature Live Births notified (as adjusted by transferred notifications).*

(a) In hospital	198
(b) At home	52
(c) In private nursing homes	2
Total	252

2. *Number of Premature Stillbirths notified (as adjusted by transferred notifications).*

(a) In hospital	34
(b) At home	1
(c) In private nursing homes	—
Total	35

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS		
	* Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day		
	Total of birth 24 hrs.	Died with- in 24 hrs.	Survived 28 days	Total of birth 24 hrs.	Died with- in 24 hrs.	Survived 28 days	Total of birth 24 hrs.	Died with- in 24 hrs.	Survived 28 days	Total of birth 24 hrs.	Died with- in 24 hrs.	Survived 28 days	Total of birth 24 hrs.	Died with- in 24 hrs.	Survived 28 days
(a) 3 lb. 4 ozs. or less ... (1,500 gms. or less) ...	29	10	16	3	3	—	1	—	1	—	—	—	—	—	—
(b) Over 3 lb. 4 ozs. up to and including 4 lb. 6 ozs. ... (1,500-2,000 gms.) ...	53	6	46	5	—	5	2	—	2	—	—	—	—	—	—
(c) Over 4 lb. 6 ozs. up to and including 4 lb. 15 ozs. ... (2,000-2,250 gms.) ...	41	4	35	5	—	5	—	—	—	—	—	—	—	—	—
(d) Over 4 lb. 15 ozs. up to and including 5 lb. 8 ozs. ... (2,250-2,500 gms.) ...	75	1	74	36	—	36	—	—	—	2	—	2	—	—	—
Totals ...	198	21	171	49	3	46	3	—	3	2	—	2	—	—	—

* The group under this heading includes cases born in one hospital and transferred to another.

The following information has been abstracted from previous reports regarding premature infants nursed entirely at home in the County :

INFANTS NURSED ENTIRELY AT HOME

Weight (lb)	1948			Weight (lb oz)	1954		
	Total	Survived	% Survival		Total	Survived	% Survival
Under 5½ lb	79	58	73.4	Less than 3¼ lb	2	—	—
Weight (lb)	1949			3¼ lb-4 lb 6 oz	3	1	33.3
	Total	Survived	% Survival	4 lb 7 oz-4 lb 15 oz	10	10	100.0
				5 lb-5½ lb	33	31	93.9
				Total	48	42	87.5
Less than 3 lb	8	—	—	Weight (lb oz)	1955		
3 lb-4 lb	9	3	33.3		Total	Survived	% Survival
4 lb-5½ lb	50	47	94.0				
Total	67	50	77.4				
Weight (lb)	1950			Less than 3¼ lb	1	—	—
	Total	Survived	% Survival	3¼ lb-4 lb 6 oz	2	2	100.0
				4 lb 7 oz-4 lb 15 oz	11	11	100.0
				5 lb-5½ lb	46	45	97.8
Less than 3 lb	4	—	—	Total	60	58	96.7
3 lb-4 lb	4	2	50.0	Weight (lb oz)	1956		
4 lb-5½ lb	52	48	92.3		Total	Survived	% Survival
Total	60	50	83.3				
Weight (lb oz)	1951							Less than 3¼ lb	3	1	33.3
	Total	Survived	% Survival	3¼ lb-4 lb 6 oz	5	5	100.0
				4 lb 7 oz-4 lb 15 oz	6	5	83.3
				5 lb-5½ lb	39	36	92.3
Less than 2 lb 3 oz	1	—	—	Total	53	47	88.7
2 lb 3 oz-3¼ lb	3	2	66.6	Weight (lb oz)	1957		
3¼ lb-4 lb 6 oz	7	5	71.4		Total	Survived	% Survival
4 lb 7 oz-4 lb 15 oz	10	9	90.0				
5 lb-5½ lb	36	35	97.2				
Total	57	51	87.7	Less than 3¼ lb	—	—	—
Weight (lb oz)	1952			3¼ lb-4 lb 6 oz	2	2	100.0
	Total	Survived	% Survival	4 lb 7 oz-4 lb 15 oz	13	12	92.3
				5 lb-5½ lb	39	39	100.0
				Total	54	53	98.2
Less than 2 lb 3 oz	1	—	—	Weight (lb oz)	1958		
2 lb 3 oz-3¼ lb	1	1	100.0		Total	Survived	% Survival
3¼ lb-4 lb 6 oz	7	6	85.7				
4 lb 7 oz-4 lb 15 oz	7	6	85.7				
5 lb-5½ lb	43	39	90.6	Less than 3¼ lb	3	—	—
Total	59	52	88.1	3¼ lb-4 lb 6 oz	5	5	100.0
Weight (lb oz)	1953			4 lb 7 oz-4 lb 15 oz	5	5	100.0
	Total	Survived	% Survival	5 lb-5½ lb	36	36	100.0
				Total	49	46	93.9
Less than 3¼ lb	4	—	—				
3¼ lb-4 lb 6 oz	9	7	77.7				
4 lb 7 oz-4 lb 15 oz	5	4	80.0				
5 lb-5½ lb	18	18	100.0				
Total	36	29	80.5				

It will be seen that the total survival rate in the County has been over 80% for the last nine years and in 1958 was 93.9%. This is considered to be a good record and reflects the special interest which the Midwives have taken in the care of premature babies at home.

Transport to Barratt Maternity Home.

In March, 1957, arrangements were made with Mr. R. Watson, Consultant Obstetrician and Gynaecologist, whereby on receipt of a telephone message from the District Nurse an ambulance will call at the Barratt Maternity Home to collect the appropriate equipment and then proceed with a nurse to the home of any premature baby needing admission to the special unit.

Sixteen babies were admitted in this manner.

(iii) OPTHALMIA NEONATORUM AND PUERPERAL PYREXIA.

One case of Ophthalmia Neonatorum was notified. There was no impairment of vision.

Thirty-four cases of Puerperal Pyrexia were notified ; 11 were domiciliary confinements and 23 institutional. All cases recovered.

(iv) DEATHS ASCRIBED TO PREGNANCY OR CHILD BIRTH.

The Registrar-General reported three maternal deaths.

The causes of death were : (i) Cardiac failure ; mitral stenosis, pregnancy. (ii) Hydatidiform mole. (iii) Anuria, accidental haemorrhage, eclampsia. The first patient died at home and the others died in hospital.

The death rate per thousand live and still births was 0.61, the corresponding rate for England and Wales being 0.43. Because of the small number of deaths involved, the Northants figure should not be regarded as significantly above the national rates.

(v) ANTENATAL CLINICS.

There are nine clinics ; sessions are now held thrice weekly at Kettering and Northampton, weekly at Corby and Wellingborough, twice monthly at Rushden, Towcester and Daventry, and monthly at Desborough and Thrapston.

ANTENATAL CLINICS

Clinic	No. of Sessions	Attendances				Average attendances	
		Primary	Subsequent	Post-natal	Total	Per case	Per session
Corby	53	191	878	48	1117	5.8	21.1
Daventry	24	82	325	32	439	5.4	18.3
Desborough	12	26	84	14	124	4.8	10.3
Kettering	141	280	1720	49	2049	7.3	14.5
Northampton	104	478	2010	135	2623	5.5	25.2
Rushden	30	91	357	22	470	5.2	15.7
Thrapston	12	46	139	8	193	4.2	16.0
Towcester	12	81	173	18	272	3.4	22.7
Wellingborough	52	64	407	24	495	7.7	9.5
Total	440	1339	6093	350	7782	5.8	17.7

The attendances showed a decrease compared with previous year when the number was 7,987.

The midwives continued to give talks on various subjects at the antenatal clinics.

ANALYSIS OF RETURNS AS BETWEEN MIDWIFERY, MATERNITY AND HOSPITAL BOOKED CASES.

A. *Attendances.*

(i) No. of new cases, i.e. women who had not previously attended a clinic during current pregnancy	1,339
(ii) No. of patients who attended for antenatal supervision during the year :	
(a) Domiciliary midwifery cases	101
(b) Domiciliary maternity cases	253
(c) Hospital cases	1,436
	<hr/>
	1,790
	<hr/>

B. *Details of Maternity Cases.*

(i) Due to be delivered at home :	
(a) Cases where the doctor undertook to attend the delivery	121
(b) Cases where the doctor stated he wished to be called only if required	132
	<hr/>
	253
	<hr/>
(ii) Due to be delivered in hospital :	
(a) Maternity cases who attended once only for booking	60
(b) Maternity cases who continued to attend for antenatal supervision	1,376
	<hr/>
	1,436
	<hr/>

(vi) POSTNATAL ATTENDANCES.

A total of 350 postnatal attendances was made at the antenatal clinics.

(vii) BLOOD TESTS.

Specimens were examined by the National Blood Transfusion Service at Oxford and the Pathological Department of Kettering and District General Hospital for determination of the Rh factor and haemoglobin estimation.

(viii) RELAXATION CLASSES.

Classes were held at Corby, Daventry, Higham Ferrers, Kettering, Northampton, Rushden, Towcester, Wellingborough, Brigstock and Burton Latimer, and during the year expectant mothers made 2,278 attendances at 356 sessions.

(ix) MATERNITY ACCOMMODATION.

At the request of the Management Committees the booking of cases on social grounds continued to be carried out by the Department. It is essential that the Local Health Authority should be able to select the cases to be admitted on account of social conditions as their officers are best acquainted with the domestic circumstances of each case. The arrangements between the Health Authority and the Management Committees have worked smoothly.

The numbers of cases booked each month were :

Northampton and District Hospital Management Committee—	
Barratt Maternity Home.....	32
Kettering and District Hospital Management Committee—	
St. Mary's Hospital, Kettering	35
Park Hospital, Wellingborough :	
Patients attended by own doctor	40
Others (i.e., cases from outside* " area of access ")	14
	<hr/>
	54

* Women whose family doctors are not on the list of general practitioners authorised to attend their patients in the maternity unit.

Four hundred and seventy-four cases were referred to the consultants for admission on social grounds to the Barratt Maternity Home and all except two continued under supervision at the County Antenatal Clinics.

Fifty-five women were admitted to hospital in labour.

The following table shows the extent to which women were confined in Nursing Homes, Maternity Wards and in their own homes.

<i>Where confined</i>	<i>Number of Births</i>	<i>Percentage of Total</i>
Nursing Homes*	30	0.6
Maternity Wards*	3019	63.0
At home	1752	36.4

* Including Nursing Homes and Maternity Wards outside the County Area.

(x) MATERNITY AND NURSING HOMES.

The homes on the register at the time of reporting were :

1. " Woodfield " Nursing Home, 36 Wellingborough Road, Finedon (*Maternity and Medical*).
2. " Townsend Farmhouse " Nursing Home, Upper Benefield (*Convalescent or elderly*).
3. " Quarries " Nursing Home, Silverstone (*Tuberculous ambulant or elderly chronic sick*).
4. Woodford Rectory, nr. Kettering (*Non-maternity*).

The total number of beds provided is 23.

(xi) MOTHERS' CLUBS.

Mothers' Clubs are held at Corby (2) and Kettering. The Health Committee allowed the free use of the clinic premises at School Lane, Kettering and Rockingham Road, Corby for monthly meetings. All clubs were doing well at the end of the year.

(xii) CARE OF UNMARRIED MOTHERS.

The County Council guaranteed payment for each approved case admitted to St. Saviour's Diocesan Maternity Home, Northampton, and similar homes. The girls were asked to pay 40/- per week whilst receiving maternity allowances and 37/6 per week when in receipt of national assistance, the balance being paid by the Health Committee. Any payment from the putative father was deducted from the final account.

Forty-two unmarried mothers were admitted under the above arrangements.

A close liaison between the Peterborough Diocesan Council of Moral Welfare and the Health Department has been maintained. The Council was given a grant of £650 for work undertaken by them on behalf of the County Council. The grant to Kettering Social Welfare League was discontinued when its functions in connection with the care of unmarried mothers were transferred to the Diocesan Council.

(xiii) BIRTH CONTROL CLINICS.

Thirty-one women attended the Northampton Women's Welfare Association Clinic and three women attended the Rugby Family Planning Clinic. At the Kettering Clinic, which is administered by the County Council, there were 24 sessions with a total of 540 attendances.

Antenatal Care

Report of the Maternity Services Committee :

This Committee known as the Cranbrook Committee issued its report in February, 1959. The main recommendations of the Committee are :

That the present tripartite system should be continued—that is that the Regional Hospital Boards and Hospital Management Committees should remain responsible for providing and administering maternity hospitals and maternity homes and for the employment of the appropriate staff. That the local health authority should continue to undertake the provision of

domiciliary midwifery services and antenatal clinics and that the Executive Councils should go on paying general practitioners the appropriate fees under the maternity services scheme.

With regard to the local health authority antenatal clinics, the Committee recommend that the medical officers in charge, none of whom as a rule attend mothers at the confinement, should gradually be replaced by general practitioner obstetricians. The clinic premises should however be available to general practitioner obstetricians and to hospital staff, without charge, for the conduct of antenatal clinics.

The Committee emphasize the value of health education and mothercraft instruction—"Whoever is responsible for providing antenatal care should also be responsible for ensuring that this instruction is given, either by himself or by arrangement with someone else and that the mother is encouraged to receive it. . . . We recommend that it should be the duty of local health authorities to provide instructors in health education in their own clinics and to offer their services in the surgeries of the general practitioner obstetricians or in hospital clinics as may be necessary. . . . Almost certainly the local health authority clinics will be the most suitable instruction centres for women booked for domiciliary confinement as they frequently have more space and better facilities for the task."

The local authority midwives are to ensure that every mother who is to be confined at home books a general practitioner obstetrician and the onus is to be placed on the latter to see that the mother has regular antenatal care and health education. Both doctor and midwife are expected to attend the confinement ; the midwife will, of course, be present and normally undertake the delivery.

General practitioner obstetricians are to remain on the obstetric list only if during the preceding three years they have attended at least sixty complete booked cases of which they have attended deliveries of at least half.

The provision of beds in maternity hospitals and homes to be increased to provide for 70% of all confinements in place of 64%, the present figure for the country, which incidentally is the same figure for Northamptonshire. The proposed maternity home at Corby will raise the proportion of institutional births in the County well above the Cranbrook Committee's figure of 70%.

The Committee advise the issue of a national card to be carried by the mother. On this card information will be inserted as required in turn by the general practitioner obstetrician, by the midwife, by the hospital doctor and by the local health authority staff.

The setting up of local maternity liaison committees to co-ordinate the services is recommended.

The Cranbrook Committee was set up because the Guillebaud Committee stated that the evidence that they had received indicated "that the maternity services are in a state of some confusion, which must impair their usefulness, and which should not be allowed to continue." They accordingly advised that the organisation of the maternity services should be reviewed. The Guillebaud Committee, however, enunciated certain principles one of which was—"The rôle of the local authority clinic may have changed in recent years, but it is just as important now under its new guise as it was under the old ; and we should consider it a most retrograde step if the organisation of the maternity services under the National Health Service were to discourage mothers from attending the clinics, without at least providing equivalent services by some other means."

The County Health Departments' antenatal clinics are still doing good work and they should be continued in their present form until such time as it is clear that the proposed new arrangements will at least provide equivalent services.

B. Care of Children.

(xiv) CHILD WELFARE CENTRES.

There were 53 Child Welfare Centres in the County. The table on page 15 shows details of the activities carried out at each Centre.

The number of children under one year who attended for the first time was 2,750 representing 57.1 per cent of the total registered live births.

The total number of attendances at all Child Welfare Centres by children under one year of age was 26,053 and by children between the ages of one and five years 18,888 showing an increase of 930 in the total attendances compared with the previous year.

The number of child welfare sessions per 1,000 population under five years of age was 44.8.

In order that the child welfare centres may serve the widest possible areas, facilities were provided, free of charge, for mothers and children under five years of age, to be conveyed by special buses to a number of centres. Details of the itineraries are :

<i>Centre</i>	<i>Itinerary</i>	<i>No. of Journeys</i>	<i>No. of Mothers</i>	<i>No. of Children</i>	<i>Average No. of Passengers (i.e., Mothers and Children)</i>
Boughton ...	Whitehills and Pitsford ...	11	173	185	33
Bozeat ...	Grendon (Car) ...	11	25	30	5
Brackley ...	Kings Sutton ...	11	130	188	29
Brixworth ...	Scaldwell, Draughton, Maidwell, Lamport, Hanging Houghton	11	96	127	20
Corby ...	Brampton Ash, Dingley, Sutton Bassett, Weston-by-Welland, Ashley, Stoke Albany, Wilbarston, East Carlton, Middleton, Cottingham, Rockingham	11	214	240	41
Daventry ...	Braunston ...	11	110	120	21
Deanshanger ...	Cosgrove (Car) ...	11	37	53	8
Earls Barton ...	Little and Great Billing, Ecton, Mears Ashby, Sywell, Overstone ...	10	140	202	34
Gretton ...	Harringworth (Car) ...	8	22	27	6
Hackleton ...	Cogenhoe, Great and Little Houghton, Hardingstone, Wootton, Quinton ...	11	110	156	24
Kislingbury ...	Harpole, Upper and Lower Heyford, Bugbrooke ...	11	166	208	34
Potterspury ...	Alderton (Car) ...	11	21	42	6
Roade ...	Blisworth, Shutlanger, Stoke Bruerne, Ashton, Hartwell ...	11	159	183	31
Silverstone ...	Paulerspury, Whittlebury, Pury End ...	11	144	190	30
Spratton ...	Church and Chapel Brampton, Teeton, Hollowell, Creaton ...	10	122	163	29
Towcester ...	Greens Norton, Blakesley, Maidford, Litchborough, Grims-cote, Tiffield, Caldecote, Pattishall, Eastcote ...	11	122	135	23
Welford and Cold Ashby (Two coaches)	East Farndon, Oxendon, Kelmash, Hazelbeach, Naseby, Thornby, Cold Ashby, Mars-ton Trussell, Clipston, Sibbertoft, Sulby ...	10	239	329	61
West Haddon ...	Barby, Kilsby, Lilbourne, Yelvertoft, Crick, Clay Coton ...	11	279	423	64
Woodford Halse ...	Boddington, Chipping Warden, Culworth, Eydon, Aston-le-Walls, Farndon, Byfield, Appletree, Edgcote ...	11	118	199	29
Yardley Hastings ...	Cogenhoe, Brafield, Denton, Castle Ashby ...	11	276	313	54
Weldon ...	Deene, Deenethorpe (car) ...	6	16	18	6
TOTAL ...		220	2,727	3,531	—

In the contracts with the bus proprietors, it is stated that the return journey will commence at 4 p.m. This is done so that mothers using the bus services can take their normal turn and the local mothers do not find themselves passed over and having to wait until after the bus passengers have been dealt with.

CHILD WELFARE CENTRES

NAME OF CENTRE	AVERAGE NO.	AVERAGE NO. OF	ATTENDANCES BY DOCTOR	NO. OF SESSIONS
	OF CHILDREN	CONSULTATIONS		
	ATTENDING PER SESSION	PER DOCTOR'S ATTENDANCE		
Barton Seagrave	22	20	11	22
Boothville	68	31	11	11
Boughton	32	10	11	11
Bozeat	34	14	11	11
Brackley	58	28	11	11
Brixworth	35	19	11	11
Broughton	34	29	11	11
Burton Latimer	50	22	11	22
Cold Ashby and Welford.....	51	22	10	11
Collyweston	29	19	12	11
Corby (Health Clinic)	50	19	51	51
Corby (Diagnostic Centre)	51	17	50	50
Corby (Elizabeth St.)	69	21	24	23
Daventry	40	23	22	22
Deanshanger	24	11	11	11
Desborough	63	24	11	21
Duston	63	26	22	22
Earls Barton	27	21	11	22
Finedon	26	19	11	11
Geddington	41	17	11	11
Gretton	21	18	11	11
Hackleton	28	15	11	11
Higham Ferrers	51	22	21	21
Irchester	51	19	11	22
Irthlingborough (St. Peter's Hall)...	37	20	11	11
Irthlingborough (Palmer Avenue)...	36	18	11	11
Kettering (School Lane)	36	13	147	147
*Kettering (St. John)	13	9	4	8
Kings Cliffe	25	21	11	11
Kislingbury	37	18	11	11
Long Buckby	20	19	11	11
Middleton Cheney	57	26	11	11
Moulton	60	27	11	11
Oundle	29	21	11	11
Potterspury	20	11	11	11
Raunds	23	19	11	11
Roade	41	24	11	11
Rothwell	56	25	11	22
Rushden.....	82	29	48	48
Silverstone.....	31	12	11	11
Spratton.....	32	15	11	11
Thrapston	22	21	11	11
Towcester	33	33	11	11
Weedon	36	19	11	11
Weldon	27	26	11	11
Wellingborough (Oxford Street) ...	51	23	60	60
Wellingborough (St. Andrew's)	22	12	18	15
West Haddon	46	14	11	11
Weston Favell	85	14	22	28
Wollaston	25	13	11	22
Woodford	19	15	11	11
Woodford Halse	31	19	11	11
Yardley Hastings	64	27	11	11

* Opened on 8th September.

(xv) ORTHOPAEDICS.

The clinics organised by Manfield Orthopaedic Hospital continued their valuable work and the Medical Officers in charge of the Child Welfare Centres recommended that 16 children under 5 years of age should be seen by the Orthopaedic Consultants. After communicating with the Family Physicians, the children were referred to the appropriate clinic.

(xvi) DENTAL CARE.

Mr. D. Halley Goose, the Chief Dental Officer, has contributed the following report :

In February, Dr. E. R. Bransby and Miss J. R. Forrest published some figures for dental decay in children, in the Monthly Bulletin of the Ministry of Health referring to the year 1956. The mean number of deciduous teeth decayed, missing or filled for the five year olds (canines and molars only) varied from 5.0-5.9 per child in different towns. A survey among 1,354 five year olds in this county in 1957 indicated that our children were slightly better, having a mean value of 4.7. However, this is no cause for complacency as it still shows that children on entering school have about a quarter of their teeth already affected by decay.

As an attempt to slow down this tremendous amount of dental decay we have started in one town in the County (Wellingborough) an oral hygiene campaign. This is aimed at influencing all ages, i.e. parents, pre-school and school children, and as many people concerned with children as possible have been informed and invited to participate. The main message we wish to impress on children is the necessity of regular cleansing of the mouth after *all* meals either by brushing their teeth if practicable, or alternatively by rinsing their mouths or eating a cleansing food, such as apple, celery, carrot, etc. In addition we want to encourage them not to eat sweets and biscuits between meals since, of course these are particularly harmful substances to the teeth, causing very rapid acid formation with consequent decay. However, if they are eaten directly after a meal and the teeth then cleaned in one of the above ways, little harm should result.

Another main preventive method is fluoridation of the water supplies and the Ministry of Health's studies are continuing although one of their test towns, Andover, has reversed its original agreement to fluoridate the water supply. It will be interesting to see the preliminary results in due course and compare them with the phenomenal success such a measure has had in America where in the areas involved, decay in children has been reduced 50-60% and in all, over 30,000,000 people are now receiving water with the optimum amount of fluoride.

It has not been possible further to increase the number of expectant and nursing mothers or children under five receiving treatment in our County clinics, the figures remaining very similar to last year and calling for no particular comment.

TABLE I.

1958

(a) Numbers provided with dental care :

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and Nursing Mothers ...	88	86	83	46
Children under five	408	355	342	322

(b) Forms of dental treatment provided :

	<i>Ex-trac-tions</i>	<i>General Anaesthetics</i>	<i>Fill-ings</i>	<i>Scalings and gum treatment</i>	<i>Silver Nitrate treatment</i>	<i>Radio-graphs</i>	<i>Dentures provided</i>	
							<i>Complete</i>	<i>Partial</i>
Expectant and Nursing Mothers	291	52	175	32	2	17	15	21
Children under five	610	255	93	—	205	—	—	—

(xvii) DEFECTIVE VISION.

Children under five years of age were referred for examination by the Ophthalmic Consultants of the Hospital Board.

(xviii) ASCERTAINMENT OF DEAFNESS IN YOUNG CHILDREN.

Hearing tests have now become a regular feature of the supervision of the growing infant. Three years ago Mrs. Ewing paid several visits to the County to train our Health Visitors in the methods of carrying out these tests, which require patience on the part of the examiner, co-operation from the parent, and quiet home surroundings. The majority of Health Visitors carry out hearing screening tests as a routine on all children in their areas after the age of nine months ; others find that, due to shortage of time, such tests have to be limited to infants who are backward in development, slow in talking, or where there is reason to suspect deafness. Special educational treatment for deaf children is desirable at an early age, so that it is very important that hearing defects should be detected as soon as possible. The Health Visitors consider the work worthwhile, and there is no doubt that the time spent on testing normal children is justified ; admittedly children with defective hearing are found very infrequently, but it is important that such cases shall be ascertained at as early a date as possible so that they can be assisted to overcome their disability.

(xix) CARE OF ILLEGITIMATE CHILDREN (MINISTRY OF HEALTH CIRCULAR 2866).

Of the 189 illegitimate births in the County, 102 cases were brought to the notice of the Moral and Social Welfare Workers.

The following table shows details of the cases.

1. Total number of cases brought to the knowledge of the Moral and Social Welfare Workers	102
2. <i>Source of Reference :</i>	
1. Medical Practitioners	31
2. Health Visitors	7
3. District Midwives and Nurses (including cases referred by C.M.O.H.)	13
4. Private individuals, etc.	51
3. <i>Classification :</i>	
1st illegitimate	74
2nd illegitimate.....	12
3rd illegitimate +	1
" Illegitimate " of married women	15
4. <i>Ages of Mothers :</i>	
15 years	8
16-21 years	47
21-25 years	26
25-30 years	13
30+ years	8
5. <i>Confinement Arrangements :</i>	
1. Park Maternity Home, Wellingborough.....	6
2. St. Mary's Hospital, Kettering	9
3. Barratt Maternity Home, Northampton	11
4. St. Edmund's Hospital, Northampton	1
5. Moral Welfare Homes	28
6. Other Homes or Hostels	8
7. At Home	6
8. Incomplete	28
9. Miscarriage	—
10. Removed from area before birth of child	5

6. *Final arrangements made for Babies' Welfare* at age of 6 months so far as can be ascertained, including incomplete cases brought forward from last year (1st July, 1957—30th June, 1958)—

Parents married or co-habiting	2
Remaining with mother	10
Remaining with mother and grandmother	28
Adopted	25
Admitted to Part III. accommodation	—
Mother and child left area	7
Admitted to Homes (voluntary or Local Authority)	2
Boarded-out	1

7. *Financial Arrangements :*

Assisted by Local Health Authority	42
Grants from Voluntary Organisations	4
Affiliation Orders	4
Voluntary payments.....	17

8. Babies died within one year of birth 2

There has been a steady increase during recent years in the number of unmarried mothers admitted to maternity hospitals in the same way as married mothers.

STATISTICS OF ILLEGITIMACY, 1930-1958

Year	Number of live births			Percentage of illegitimate births	No. of unmarried mothers assisted by grants	Infant Mortality Rate	
	Legitimate	Illegitimate	Total			Legitimate	Illegitimate
1930	2864	127	2991	4.2	8	40.85	70.86
1931	2809	115	2924	3.9	7	43.43	113.04
1932	2642	101	2743	3.7	—	44.28	79.20
1933	2576	89	2665	3.3	4	39.98	101.12
1934	2581	107	2688	3.9	9	56.17	84.11
1935	2777	104	2881	3.6	11	50.41	57.69
1936	2944	103	3047	3.4	13	47.55	58.52
1937	2992	112	3104	3.6	20	41.77	98.21
1938	3065	119	3184	3.7	13	39.15	92.43
1939	3211	125	3336	3.7	14	40.13	47.61
1940	3241	122	3363	3.6	8	46.90	89.43
1941	3356	155	3511	4.4	11	47.93	51.61
1942	3842	220	4062	5.4	20	32.53	66.18
1943	3922	288	4210	6.9	17	39.01	59.02
1944	4293	391	4684	8.3	17	35.87	61.38
1945	3866	474	4340	10.9	9	37.50	52.74
1946	4221	310	4531	6.8	14	37.19	32.26
1947	4636	269	4905	5.5	24	34.08	52.04
1948	4110	216	4326	4.9	22	29.68	69.44
1949	3874	182	4056	4.6	27	32.52	60.44
1950	3812	183	3995	4.6	26	29.38	32.79
1951	3795	202	3997	5.0	26	25.30	24.75
1952	3831	175	4006	4.4	33	24.80	28.57
1953	4077	173	4250	4.1	46	23.79	46.24
1954	4080	218	4298	5.1	42	24.02	13.76
1955	3996	187	4183	4.5	41	20.02	37.43
1956	4370	201	4571	4.4	46	19.67	19.90
1957	4555	193	4748	4.1	38	21.95	36.20
1958	4623	186	4809	3.8	42	20.11	10.75

(xx) PREVENTION OF BREAK-UP OF FAMILIES.

Health Visitors continue to spend much of their time and energy on work with problem families. Their aims are to improve family relationships and to help resolve the many problems which arise. They offer advice about budgeting, home management, and the management of children and adolescents, so that the standard of living of these families can be improved and a reasonably happy family life achieved.

One such family came from Ireland to live in Corby in 1954. There were five children, the eldest aged six years. By 1957 there were eight children, and the mother had had one abortive pregnancy. The Health Visitor became increasingly concerned about the welfare of the family, particularly for the health of the mother and one of her children. If anything happened to the mother, the family would disintegrate.

The problem was the father, a man with an immature personality, who would not face his responsibilities. He drank, was aggressive and ill-treated his wife when he was drunk. He was believed to have received treatment in a mental hospital before coming to this country. He was obstructive about medical treatment for his family, and would not allow his wife to have a convalescent holiday or a home help.

The result was the poor state of health of the mother, who was suffering from severe anæmia and lived in fear of her husband. There were varying degrees of nutritional anæmia in all the children because of poor management of an income already reduced because of the father's drinking. The mother's intelligence was limited and her home was filthy and inadequately furnished.

A Case Conference was held to decide what could be done. It was attended by representatives of the departments concerned and by the family doctor, the Roman Catholic priest, the Welfare Officer of the works employing the father, and the N.S.P.C.C. Inspector. It was decided that the first step was to secure treatment of the anæmia of the mother and children. Arrangements were therefore made for the Health Visitor to take them to the Diagnostic Centre for weekly injections of iron. The second necessity seemed to be help and guidance for the mother in the home. As it was realised that the father would refuse to pay a home help, the priest and Health Visitor jointly offered to find a suitable woman from the church, who would act as a voluntary home help and clean up the home. Thereafter she would work with the mother, when her health was improved, and show her how to prepare economical yet nourishing meals.

The priest and the District Medical Officer, together with the N.S.P.C.C. Inspector, undertook to interview the father in the office of the Works Manager, hoping to persuade him not to obstruct these plans.

Eventually the mother and one of the children had to be admitted to hospital because of their dangerously severe anæmia. This involved a struggle with the father, who removed them after four days, by which time the mother had been given four pints of blood. Following this the family continued with treatment at the Diagnostic Centre in spite of the father's opposition, which was only overcome by the determined efforts of the Health Visitor and the N.S.P.C.C. Inspector.

The home help was most successful. There were a number of enthusiastic volunteers for the Health Visitor to choose from, and she was fortunate in finding a kindly and capable woman to befriend this family. This woman continued to visit them after her period of eight weeks as home help had finished. On at least one evening she went to "baby sit", sending the father and mother to the pictures together.

The Health Visitor called almost daily for a time. She managed to keep on friendly terms with the father despite her firm attitude with him. She also helped the mother to regain her self respect by arranging for her to have a permanent wave, and by getting clothes for her and the children, as well as a considerable quantity of essential furniture. She and the N.S.P.C.C. Inspector have also been successful in persuading the father to do some decoration of the inside of the house. The result is that they now have a reasonably comfortable home.

The Health Visitor's latest report is "The general improvement has been maintained; the health of the children and Mrs. ———— has improved beyond expectations. The domestic situation is unchanged, the fighting and squabbles are still as frequent as ever, but the mother

is no longer the cowed creature she was previously." The Health Visitor also reports that the anæmia of each member of this family has now responded satisfactorily to treatment.

This improvement has been achieved in the face of considerable difficulties, and can only be maintained by constant supervision. One cheering feature is the obvious affection of the mother for her children. The Health Visitor is convinced that even the father is fond of his family in his selfish way. When visiting the family it is no longer unusual to see satisfactory meals being prepared.

(xxi) NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

At the time of reporting the premises registered under the above Act were :

"Oakroyd" Day Nursery, Finedon Road, Wellingborough (18 places).

"Willow Edge," Barby (9 places).

One person was registered.

(xxii) DAILY MINDERS.

When the Health Committee decided to recommend the closing of the Day Nurseries, they made an amendment to the proposals under Section 22, whereby mothers could be assisted in paying daily minders. The amendment states, "The Council will arrange for daily boarding-out with foster mothers of children of mothers who are unsupported (for example unmarried, widowed, divorced or separated) and must necessarily go out to work to maintain the home, and cannot make other suitable arrangements for their children's care by day, or who are unable to look after their families by reason of illness or confinement."

Mothers who qualify for assistance under this scheme are helped in finding a suitable minder, and a grant is made towards the cost if it is considered that they cannot afford the reasonable charges of the daily minder.

No mothers were assisted during 1958.

(xxiii) PROVISION OF CLINIC PREMISES.

Rushden. Negotiations for a site are continuing.

(xxiv) DISTRIBUTION OF WELFARE FOODS.

The distribution of Welfare Foods continued throughout the year. The items distributed were :

1. National Dried Milk (full cream and half cream)	80,816
2. Cod Liver Oil	18,468
3. Vitamin A and D Tablets.....	12,629
4. Orange Juice	147,795
	<hr/>
Total	259,708
	<hr/>

In addition to the above, 207 tins of National Dried Milk and 60 bottles of orange juice were issued to hospitals which normally receive supplies direct from S.P.D. Depots, unless only small quantities are required.

At the end of the year, there were 168 Centres throughout the County distributing Welfare Foods. A full-time centre was maintained at Northampton and part-time centres continued at Corby, Daventry, Kettering, Raunds, Rushden, Towcester and Wellingborough, manned by County Council staff. The remaining 160 were voluntary centres of which 34 were at Child Welfare Centres.

Thanks are due to the voluntary helpers—many of whom store and distribute the foods from their own homes—for their very valuable assistance in maintaining these centres throughout the County.

During the year the S.P.D. Depots at Kidlington and Northampton were closed and following re-organisation of the areas covered by them, supplies were received from depots at Chesham, Birmingham and Peterborough.

Proprietary dried milks, baby cereals, and of vitamin and other preparations, sold at the Northampton Centre and at Child Welfare Centres during the financial year ended March 31st, 1958, amounted to a total value of £4,544.

(xxv) CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR.

Details of these are given in Table II(a). Prematurity and congenital malformations together account for more than half of such deaths, the toll of infectious disease and birth injuries having steadily fallen over the years with advances in medical knowledge. It would now appear that medical endeavour must be concentrated on the problems of prematurity and of congenital defects. A register of the latter is being kept by the County Health Department and it is hoped that this may provide epidemiological information which may help to elucidate the cause of some of these malformations.

MIDWIFERY (SECTION 23)

(i) MIDWIFERY AND MATERNITY SERVICES.

The following table shows the numbers of cases attended by midwives (employed by the former County Nursing Association or by the County Council) from 1939 :

DOMICILIARY CONFINEMENTS

Attended by Midwives (Former County Nursing Assn., or County Council)

Year	As Midwives		As Maternity Nurses		Total
	No.	Per cent.	No.	Per cent.	
1939	1149	53	1036	47	2185
1940	1165	53	1040	47	2205
1941	1220	55	998	45	2218
1942	1260	51	1209	49	2469
1943	1094	45	1330	55	2424
1944	1165	44	1505	56	2670
1945	1052	47	1204	53	2256
1946	1074	44	1364	56	2438
1947	1207	43	1620	57	2827
1948	963	42	1349	58	2312
1949	772	39	1216	61	1988
1950	765	41	1097	59	1862
1951	732	44	949	56	1681
1952	820	48	836	52	1656

From 1953, the Ministry of Health asked for the information to be shown in the form below.

Year	Doctor not booked		Doctor booked		Total
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child	
1953 ...	15	454	531	769	1769
1954 ...	12	682	445	540	1679
1955 ...	16	555	425	696	1692
1956 ...	42	582	424	621	1669
1957 ...	54	513	408	719	1694
1958 ...	44	598	340	808	1790

(ii) MIDWIVES.

The non-Medical Supervisor of Midwives (Superintendent Nursing Officer) and her staff made 219 routine visits.

The number of midwives who notified their intention to practise in the area during the year was 95. Of these 80 were employed by the Council (including relief midwives), 14 by Hospital Management Committees, and one in a private nursing home. Six midwives notified their intention to act as maternity nurses.

Thirty midwives attended Refresher Courses approved by the Central Midwives Board.

The Local Health Authority's midwives spent 1,732 nights on duty.

(iii) MEDICAL AID.

Medical aid was requested in 207 cases and 8 payments of fees were made to medical practitioners, whose assistance had been sought, as against 194 notifications and 13 payments in the previous year.

(iv) GAS AND AIR ANALGESIA.

The number of midwives employed by the Authority who were qualified to administer gas and air analgesia was 74, and 61 machines were provided. Of a total of 1,790 cases, 1,360 (76%) received analgesia. In 300 cases a doctor was present, and in 1,060 cases a doctor was not present at the time of delivery of the child.

One midwife not employed by the Authority was qualified to administer gas and air analgesia.

(v) PETHIDINE.

Sixty-five midwives were authorised to administer pethidine. The drug was administered to 608 patients, comprising 166 cases when a doctor was present and 442 cases when a doctor was not present at the time of delivery of the child.

The percentage of patients receiving pethidine was 34.

Instructions have been given to the Superintendent Nursing Officer to pay special attention during her supervisory visits to ensure that all supplies of pethidine are accounted for.

(vi) TRILENE.

Four machines were provided and four midwives were authorised to administer trilene on their own initiative. The analgesic was given in 135 cases (including 54 cases when a doctor was present).

(vii) MATERNITY OUTFITS

Maternity outfits were available free of charge for all women confined at home. The outfits contain the dressings needed at the confinement and during the lying-in period. 2,004 outfits were distributed at a cost of £908.

(viii) PART II TRAINING.

Eight midwives were approved by the Central Midwives Board as midwife teachers and seventeen pupils were trained on the district.

(ix) CARS FOR DISTRICT NURSE MIDWIVES.

The establishment of cars remained unaltered during the year. The position at 31st December was :

Number of cars		
(a)	provided by the County Council	67
(b)	owned privately	20
TOTAL		87

The cars owned by the County Council were serviced regularly at local garages.

(x) HOUSES AND GARAGES.

At the time of reporting, ten houses in various districts, and three cottages at Wellingborough are owned by the County Council, and in addition two houses which it is intended to purchase are occupied by nurses. Nineteen houses are rented by the County Council from District Councils and two from other sources.

Nineteen garages are owned by the County Council, and one which it is intended to purchase is in use. Seventeen garages are rented by the County Council from District Councils.

The Corby Urban District Council allocated a flat with a nearby garage for a nurse.

HEALTH VISITING (SECTION 24)

(i) STAFF.

The staff consisted of an Assistant Superintendent Nursing Officer, 23 whole-time Health Visitors, four part-time Health Visitors, and 16 Health Visitor/District Nurse-Midwives. In addition, two student Health Visitors were attending qualifying courses.

The establishment of Health Visitors is 37, including one Assistant Superintendent Nursing Officer.

(ii) CO-OPERATION BETWEEN HEALTH VISITORS AND MEDICAL PRACTITIONERS.

Co-operation with other branches of the Health Service continued, most of the Health Visitors now being provided with telephones.

(iii) VISITS.

Details of visits carried out are :

1. Antenatal	539
2. Infants	38,795
3. Children 1-2 years	15,816
4. Children 2-5 years	24,037
5. Tuberculosis cases	2,617
6. Mental Defectives	1,007
7. Infectious Disease cases	90
8. Other visits	3,194
9. " No access " visits	9,414
	<hr/>
	95,509
	<hr/>

The number of families or households visited was 12,593.

In addition, the Health Visitors made 1,244 attendances at Child Welfare Centres and gave 165 lectures to mothers. They also made the following attendances at clinics : chest clinics 440, diphtheria immunisation clinics 30, birth control clinics 47, B.C.G. and Mantoux sessions 58, poliomyelitis vaccination 732 and smallpox vaccination clinics 4. A total of 4,475 first visits was made to children under one year. Health Visitors also gave 147 lectures to other organisations, such as Women's Institutes, Townswomen's Guilds, Church groups and women's clubs.

(iv) MENTAL HEALTH.

The Health Visitors pay routine visits to mental defectives who are living in satisfactory homes and whose conduct is not markedly anti-social. Other defectives who require special supervision are visited by the Mental Welfare Officers.

All the manifold activities of Health Visitors might be said to have a bearing, direct or indirect, on the mental health of the community. The tasks of preparing a young wife for the arrival of her baby and of helping her with problems of infancy and childhood are of particular importance. Every such young mother, sometimes tied to her home or lacking in social contact within the new housing estate where she lives, is a potential candidate for mental ill-health.

By answering her queries and by being unobtrusively available when her advice is wanted, the Health Visitor can do much to support these women in the early months of their babies' lives.

New housing estates are, for obvious reasons, potential breeding grounds for these problems. If young mothers can be helped over the early months in their new homes, they soon develop fresh friendships and the separation from their relations and former homes is more easily borne. With the passage of time, new housing estates also develop a community spirit. By knowing which women form the minority who need help, the Health Visitor can do much to ensure that good mental health is maintained.

In many cases specific anxieties can be found and their causes relieved by advice on some particular aspect of child or domestic management. In others, the mother can be encouraged to make use of the appropriate social service which will assist her in her difficulty. Only a small minority require more or less permanent support from Health Visitors.

The importance of helping young parents to deal with problems connected with the rearing of their families cannot be over-emphasised. In some cases Health Visitors have themselves remarked that the parents' difficulties have, in turn, been traceable to their own upbringing. By helping to break this potentially vicious cycle Health Visitors are trying to ensure the mental well-being of future generations.

(v) CARS FOR HEALTH VISITORS.

The number of cars used by Health Visitors was increased by two during the year, as permission was given for two health visitors in Corby to use cars as a temporary measure while they are each covering two districts.

The approved establishment of cars is now :

Assistant Superintendent Nursing Officer	1
Health Visitors	23
	<hr/>
	24
	<hr/>

The position at December 31st was :

Number of cars	
(a) provided by County Council	5
(b) owned privately	19
	<hr/>
	24
	<hr/>

The cars owned by the County Council were serviced regularly at local garages.

HOME NURSING (SECTION 25)

(i) STAFF.

At the end of the year, 9 whole-time (including one male) and 8 part-time district nurses, 53 whole-time and 9 part-time district nurse midwives and 16 whole-time health visitor/district nurse-midwives were employed.

The establishment of district nurse/midwives is 95, including 5 members of the supervisory staff.

(ii) Details of cases attended and the number of visits paid are given in the following table :

	<i>Medical</i>	<i>Surgical</i>	<i>Infectious Diseases</i>	<i>Tuberculosis</i>	<i>Maternal Complications</i>	<i>Others</i>	<i>Totals</i>	<i>Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year</i>	<i>Children included in (2)-(7) who were under 5 at the time of the first visit during the year</i>	<i>Patients included in (2)-(7) who have had more than 24 visits during the year</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of cases attended ...	6,259	1,928	30	90	185	3,227	11,719	4,213	706	1,647
Number of visits paid ...	115,797	28,358	220	2,641	1,497	16,642	165,155	67,777	3,607	55,234

The District Nurse is now being called upon to co-ordinate the social welfare of the patient and in this County she is the pivot on which the Home Help Service revolves. The nurses paid 12,866 non-nursing visits in connection with this service.

The same applies to the care of the aged. The nurses endeavour to keep the welfare of the old people in mind and often visit long before they need nursing care. Such casual visits have in the past been looked upon by the nurses as good neighbourly visits and not recorded, although they realise their great preventive value. Many of the nurses serve on the Old People's Welfare Committees, many in fact have been instrumental in their formation. In this way very close co-operation exists and problem cases are soon brought to light. A considerable number of patients and their homes have been completely rehabilitated as a result of the good relationship existing between the District Nurse, General Practitioner, Hospital Almoner, Home Help, National Assistance Officer, Public Health Inspector, Welfare Committee and W.V.S.—all working together as a team for the benefit of the aged person. These visits total 8,632.

Much of the home nursing work is concerned with old people suffering from chronic complaints and in these cases the voluntary societies are often able to give considerable help. In addition close liaison is maintained with the National Assistance Board. Not infrequently the nurses are faced with unusual problems and sometimes unusual measures have to be taken to remedy them.

The effectiveness of the Home Nursing Service in relieving the pressure on hospital beds is reflected in the speed of the turnover of hospital patients and the length of the hospital waiting lists.

In this County good co-operation exists between the Geriatrician, General Practitioners, Matrons, Almoners, District Medical Officers and the Home Nurses. When problems arise over the discharge or admission of patients the difficulties are usually settled by discussion between members of this group.

The Home Nurses endeavour to assess the total needs of their patients who are in hospital, and make great efforts to prepare the homes and find suitable home helps where required, so that patients may return home as soon as possible. The effectiveness of their work is demonstrated in the early discharges of hospital cases, the number of patients receiving regular twice daily and daily nursing visits, the high percentage of patients receiving regular injection therapy, and the considerable number of chronic sick, aged and frail ambulant patients who receive regular care and supervision from the Home Nurses supported by the Home Help Service.

Health Education.

The Assistant Superintendent Nursing Officers and District Nurses have given lectures and demonstrations at Home Nursing Courses for Civil Defence volunteers, and to senior girls at Secondary Modern Schools.

Staff Meetings.

Staff meetings for Health Visitors and District Nurse/Midwives are held quarterly at the County Hall.

The following meetings were held during 1958 :

<i>Date</i>	<i>Speaker :</i>	<i>Subject</i>
31st January	Dr. A. N. Graham, Consultant Psychiatrist and Physician Superintendent, St. Crispin Hospital, Duston.	Mental health problems with current views on treatment.
30th May	R. O. Lée, Esq., M.A., F.R.C.S., Senior Consultant Surgeon, Northampton General Hospital.	Varicose veins and ulcers.
31st October	Dr. Ludwig Guttman, O.B.E., Director National Spinal Injuries Centre, Stoke Mandeville Hospital.	Our paraplegic fellow men in society.

AMBULANCE SERVICE (SECTION 27)

Directly Provided Service.

The County Council directly provides the service in the Corby, Kettering, Northampton, Oundle and Wellingborough areas. These stations, in addition to their own areas, provide during the day time the non-emergency service for the neighbouring areas served by the smaller voluntary agencies who have difficulty in providing staff during normal working hours.

The existing premises at Wellingborough, which are leased from the Wellingborough Urban District Council, are inadequate for the needs of the service and a suitable site is to be acquired on land attached to the Park Hospital, Wellingborough, on which the Council propose to erect a combined fire and ambulance station.

The Council decided in 1954 that the ambulance service in Rushden should be taken over and maintained by them but the transfer has not yet been made because of a lack of a depot. Approval has been given to an expenditure of £7,400 upon building and furnishing a new station and it is hoped that the service will be taken over early in 1960.

In addition to the County Ambulance Officer, the whole-time staff consists of :

<i>Station</i>	<i>Head Drivers</i>	<i>Radio Telephony Operators</i>	<i>Shift Leaders</i>	<i>Driver Attendants</i>	<i>Number of Vehicles</i>	
					<i>Light Ambulances</i>	<i>Dual-Purpose Ambulances</i>
Northampton (Headquarters) ...	—	2	2	6	3	2
Corby	1	—	—	5	2	2
Kettering	1	—	—	6	2	3
Oundle	—	—	—	2	1	1
Wellingborough	1	—	—	4	2	2
Reserves	—	—	—	—	2	—
Total	3	2	2	23	12	10

At two stations, Kettering and Wellingborough, voluntary assistance is provided by members of the local St. John Ambulance Brigade : at Kettering, two members of the Nursing Division act as female attendants when required and at Wellingborough one member of the Nursing Division acts as female escort and four male members undertake duties at the station on two evenings per week and on Sundays. The County Council is indebted to these volunteers for the valuable help they render to the service.

Agency Service.

In the areas not covered by the directly provided stations, the voluntary ambulance committees and the St. John Ambulance Brigade continue to provide a service on an agency basis. The larger voluntary organisations employ their own full-time staff to man their vehicles.

The County Branch of the Women's Voluntary Service provided cars to supplement the vehicles owned by the ambulance organisations. Where it was not possible to make use of the Hospital Car Service local taxis were hired.

Radio Telephony.

There was no change in the number of vehicles equipped with radio telephony. Of the 29 vehicles so equipped, 20 were directly operated by the Council and 9 by the voluntary agencies at Brackley, Daventry, Rushden and Towcester.

The economy achieved by a central control equipped with radio telephony can be measured by the fact that although the total number of patients carried by the service showed an increase of 3,611 over the previous year, the mileage was increased by only 815.

Long Distance Journeys.

All journeys outside a radius of 40 miles from the ambulance station concerned are referred to the County Medical Officer of Health for approval. For long distance journeys, considerable use is made of the facilities offered by British Railways who provide a reserved compartment without payment other than the fares of the persons travelling. Ambulance transport is arranged to and from stations at both ends of the rail journey.

Details of the work undertaken during 1958 are given below :

Directly Provided Service

Station	AMBULANCES				LIGHT DUAL PURPOSE AMBULANCES			
	Number of Patients				Number of Patients			
	Accident or Emergency	Other	Total	Mileage	Accident or Emergency	Other	Total	Mileage
Corby ...	695	4,068	4,763	36,708	196	5,009	5,205	49,103
Kettering ...	971	7,335	8,306	37,065	73	6,213	6,286	44,225
Northampton...	586	4,538	5,124	52,444	40	5,935	5,975	65,230
Oundle ...	15	1,541	1,556	21,570	25	2,250	2,275	26,667
Wellingborough	438	6,643	7,081	40,598	400	4,973	5,373	57,545
Total ...	2,705	24,125	26,830	188,385	734	24,380	25,114	242,770

Agency Service

Voluntary Ambulance Organisation	AMBULANCES				LIGHT DUAL PURPOSE AMBULANCES			
	Number of Patients				Number of Patients			
	Accident or Emergency	Other	Total	Mileage	Accident or Emergency	Other	Total	Mileage
Brackley ...	82	1,022	1,104	14,659	—	—	—	—
Burton Latimer	—	—	—	—	29	31	60	525
Daventry ...	461	3,857	4,318	45,479	30	4,713	4,743	25,219
Desborough ...	—	—	—	—	62	239	301	3,132
Finedon ...	20	2	22	350	—	—	—	—
Higham Ferrers	6	6	12	237	—	—	—	—
Irthlingborough	3	210	213	2,129	—	—	—	—
Islip ...	—	—	—	—	95	709	804	7,662
Raunds ...	—	—	—	—	74	49	123	2,741
Rothwell ...	63	65	128	1,071	15	28	43	339
Rushden ...	647	5,919	6,566	39,502	—	—	—	—
Towcester ...	563	2,293	2,856	27,050	88	2,892	2,980	21,452
Weldon ...	40	24	64	1,414	9	1,816	1,825	15,102
Total ...	1,885	13,398	15,283	131,891	402	10,477	10,879	76,172

Supplementary Services

HIRED TAXIS

				<i>Number of Patients</i>			<i>Mileage</i>
<i>Area</i>				<i>Accident or Emergency</i>	<i>Other</i>	<i>Total</i>	
Brackley	...	...	...	118	3,637	3,755	40,591
Daventry	...	...	...	96	1,894	1,990	18,283
Finedon	...	...	...	3	—	3	34
Higham Ferrers	...	...	...	—	2	2	24
Irthlingborough	...	...	...	5	186	191	1,925
Islip	...	...	...	1	1	2	46
Raunds	...	...	...	48	51	99	2,055
Total	...	...	...	271	5,771	6,042	62,958
HOSPITAL CAR SERVICE	...	...	...	—	2,378	2,378	41,404
Grand Total	...	...	...	271	8,149	8,420	104,362

Summary

								Number of Patients Carried			
								Accident or Emergency	Others	Total	Mileage
Directly Provided Service											
Ambulances	...	...	...	...	...	...	2,705	24,125	26,830	188,385
Light Dual-Purpose Ambulances	...	...	...	...	...	...	734	24,380	25,114	242,770
Agency Services											
Ambulances	...	...	...	...	...	...	1,885	13,398	15,283	131,891
Light Dual-Purpose Ambulances	...	...	...	...	...	...	402	10,477	10,879	76,172
Supplementary Services											
Hospital Car Service...	...	...	...	...	...	...	—	2,378	2,378	41,404
Taxis	...	...	...	...	...	...	271	5,771	6,042	62,958
<hr/>											
Total	...	...	...	...	...	...	5,997	80,529	86,526	743,580
<hr/>											
Railway Journeys	...	...	...	...	...	...		110	110	9,727

The following table shows the trend of the service since 1949 :

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Patients Carried	20,666	28,013	46,206	50,113	57,907	69,368	76,253	80,631	82,915	86,526
Accidents or Emergencies	...	2,573	4,432	4,419	4,530	5,420	5,891	5,821	5,167	5,562
Mileage	...	561,187	654,036	700,215	673,446	750,421	811,813	851,381	806,304	742,765
Average Miles per Patient	...	—	—	15.2	13.4	13.0	11.7	11.2	10.0	9.0

Prior to 1951 for statistical purposes a patient conveyed to and from hospital was regarded as one patient. Under a Ministry of Health instruction in 1951, a patient thus carried is counted as two patients.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

Provision of Nursing Equipment. The County Council provide nursing equipment, such as wheel chairs, commodes, etc., for the use of patients in their homes. Most of the larger articles are sent out direct from the County Health Department, but in addition district nurses maintain small loan cupboards of their own.

Also the County Council have made arrangements with the British Red Cross Society and the Order of St. John for the provision of loan cupboards in the County. The basis of the scheme is that 90% of the approved cost of replacing suitable articles is reimbursed by the County Council.

A special hydraulic hoist was purchased for lifting heavy patients. In addition two special hospital beds with moveable lifting poles have been purchased and loaned to patients.

Convalescent Treatment. Eighteen patients, two of whom were children, were recommended for treatment, and vacancies were obtained at convalescent homes situated mainly at sea-side resorts on the south coast. Adults were normally sent away for two weeks and children for four weeks.

Cancer Education. Mr. Malcolm Donaldson, F.R.C.S., F.R.C.O.G., Hon. Physician Accoucher at St. Bartholomew's Hospital, continued to give lectures on cancer to women throughout the county. He addressed 7 audiences, the number present at the meetings being 319. Leaflets on cancer education, issued by the County Council were distributed at the lectures.

HOME HELP (SECTION 29)

The County Council employed no whole-time home helps but continued to make extensive use of part-time helps who were found as and when necessary. In all areas the District Nurses and Health Visitors have knowledge of women who are prepared to act as home helps when required.

A Home Help Organiser, Miss E. Newell, was appointed in July for the urban areas in the east of the County. The Organiser works in association with the Superintendent Nursing Officer and her Assistants and with the local district Nurses.

Miss Newell has given me the following report on her work :

" On the 31st December, 330 patients residing in the Eastern Urban Areas of the County comprising Kettering, Wellingborough, Rushden, Finedon, Higham Ferrers and Irthlingborough were receiving assistance from the Home Help Service.

During the period 1st July-31st December there were 80 applications and on investigation it was found that in 63 of these cases help was necessary and registration was effected under the County Council scheme. In the remaining 17 cases the applicants refused to complete the application form as they did not wish to disclose their financial circumstances. They were given assistance, however, in finding a suitable person to help, whom they agreed to pay privately.

During the six months ended 31st December, approximately 2,040 visits were paid :

To report on case	640
Casual visits	1,400
(These included transfers of Helps, holiday or sickness relief, and general enquiries).	

The service has provided not only help in the home, but where patients are house-bound and have no relatives or friends, assistance with shopping, payment of bills and collection of pensions.

It has been the means of keeping together in their own homes, husband and wife or other elderly relatives where one is a chronic invalid, perhaps bedridden, and the other too poorly to manage both an invalid and the responsibility of keeping the home clean. These are not isolated cases, there are quite a number on the records.

In the majority of cases the home help is held in high esteem by her patients for the kindness she shows. One particular help has taken her severely rheumatoid arthritic case—an 85 years old lady—to spend occasional Sundays with her in her home. To quote the help, 'It makes a nice change for the old lady.'

Another patient aged 66 years, who had had a stroke in the past, suffered from very high blood pressure. She had no family or friends around to help and was advised by her doctor to stay in bed for 6 weeks. Hours of help were increased to meet the emergency, enabling the help to visit thrice daily to provide meals and general care. The elderly patient in this instance was able to stay in her own home, instead of becoming a candidate for permanent hospital care.

Especially grateful for the help they receive are elderly widowers and bachelors who have no families or young friends to help them. Perhaps typical is the case referred by the National Assistance Board. He was reported to be a 'lonely old man', aged 84, practically blind and in urgent need of help. On investigation, it was found the house was in a distressing condition, with dirt and filth everywhere. The old man was himself in an equally sad state. There were no family or friends to help, in fact no one ever went near. The one bright spot was that he catered well for his meals, having been an ex-army cook. No time was lost. With aid from the nursing staff his person and clothes were soon fresh and clean. The help, who took on no easy task, soon made a noticeable impression on the cleanliness of his abode, which was made to look more like a home again. The patient himself was delighted to think that so much had been done to help him and his gratitude was touching."

Details of cases assisted throughout the County are :

<i>Type of Case</i>							<i>No. of Cases</i>	<i>Percentage of total</i>
1.	Maternity (including antenatal and postnatal) ...	...	...	...	...	...	31	2.5
2.	Tuberculosis... ..	...	...	...	...	...	15	1.2
3.	Chronic Sickness (including aged and infirm) ...	...	...	...	...	...	1,082	88.2
4.	Acute Illness ... ..	...	...	...	...	...	95	7.8
5.	Others ... ..	...	...	...	...	...	4	0.3
Total							1,227	100.

There are considerable advantages in linking the home help service with the district nursing service, and particularly in the arrangements under which the Superintendent Nursing Officer or one of her assistants visits patients who have been receiving home help for more than a year.

One old lady with crippled hands and a fixed elbow was found with a short walking stick with which she could not get around very well. The Assistant Superintendent Nursing Officer supplied her with a light crutch in place of the walking stick and this was much more useful to the patient. On other occasions the Superintendent Nursing Officer has visited women who required rehabilitation if they were not to need the services of home helps for the rest of their lives.

Extracts from other typical reports submitted are :

Case No. 1506. " Mr. B. is a gentle old man—blind for the past 3 years. He was a game-keeper and groom and lives in an old cottage which is in a bad state of repair—no paint or paper, and very draughty. The home help gets all his meals, popping in and out from her house up the road, and keeps the fire going and his house clean. He can manage, by taking it slowly, to go to the shop. His mental faculties are unimpaired, although his physical health is not good. If the home help hours were reduced he would have to go to an Old People's Home which would break his heart."

Age 89 years.

Blind.

Help supplied for 14 hrs. per week.

Case No. 2446. " This patient lives entirely alone and has a cardiac condition. He is unable to get about very much. He has a daughter who lives in Northampton, but who has a family and cannot come very often to see her father. Cardiac failure. When she comes it is for the day and she then does lots of little odd jobs for him. I do not think the hours can be reduced ; he is very grateful for the home help."

Help supplied for
4 hrs. per week.

Case No. 622. " Mrs. S. is very much better although still unable to do more than the lightest of tasks. Mr. S., too, is much stronger although he remains very simple mentally. Mrs. S.'s very old mother lives with them and each seems to support the other. They are very happy and comfortable in spite of their infirmities. Mrs. S. could not maintain her present improvement if she had to bear more of the household responsibilities and I think the 7 hours help must be continued. Without the help, all three would quickly become patients requiring institutional care."

Help supplied for
7 hrs. per week.

No charge is made to old-age pensioners with no other income. Patients receiving national assistance are charged 5/- per week, which they can reclaim from the National Assistance Board. An exception is made for blind persons receiving assistance because in their cases the Board cannot increase the allowance to cover the home help contribution as the higher rate of benefit paid to blind persons is intended to cover domestic assistance, amongst other things. The Committee accordingly decided that they would not ask for a contribution from blind persons in receipt of national assistance.

The cost per 1,000 of the population was £144 and the cost per case £36. (Financial year ended March 31st, 1958.)

SECTION C.

Sanitary Circumstances of the Area.

WATER SUPPLY.

Rural Schemes. The following schemes were submitted for the observations of the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1951 and were approved in principle.

<i>Local Authority</i>	<i>Scheme (Estimated Population)</i>	<i>Estimated Cost</i>
Oundle and Thrapston R.D.C.	Kings Cliffe Water Supply Scheme (941)	£14,000
Oundle and Thrapston R.D.C.	Regional Water Scheme No. 2—Provision of water tower and additional main	Total £35,000 attributable to Oundle and Thrapston R.D.C. £18,750

The Parliamentary Bill promoted by the Buckinghamshire Water Board, under which a reconstituted Board would be set up to take over responsibility for the distribution of water in Brackley Borough, Brackley and Towcester Rural District, was discussed with representatives of these Authorities and of the County Council when it was planned to establish a joint consultative committee. Originally the draft bill provided for representation of this Council on the Board, coupled however with a liability to contribute towards any financial deficiencies of the Board's operations. As these provisions were subsequently deleted from the Bill it was considered that no further action needed to be taken to protect the interests of the County Council.

SEWERAGE AND SEWAGE DISPOSAL.

Rural Schemes. The following schemes were submitted for the observations of the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1951 and were approved in principle.

<i>Local Authority</i>	<i>Scheme (Estimated Population)</i>	<i>Estimated Cost</i>
Wellingborough R.D.C.	Hardwick (88)	£8,000
	Irchester (2,601)	£80,450
Towcester R.D.C.	Blisworth Main Drainage Extension	£3,569
Kettering R.D.C.	Cranford (470)	£26,700
	Stoke Albany and Wilbarston (497 : 257)	£43,500

CONTRIBUTIONS UNDER THE RURAL WATER SUPPLIES AND SEWERAGE ACTS 1944-1951.

The Ministry of Housing and Local Government having indicated the amount of grant payable by that department towards the cost of certain approved schemes of water supply or sewerage and sewage disposal, the County Council agreed to make the following contributions in accordance with the approved scale.

<i>Authority</i>	<i>Scheme</i>	<i>Estimated Cost</i>	<i>Ministry of Housing and Local Government Grant</i>	<i>County Council Contribution (Capital Sum)</i>
SEWERAGE AND SEWAGE DISPOSAL				
Kettering R.D.C.	Cottingham and Middleton	£44,400	½ yearly payment of £550 for 30 years	£14,000
	Cransley	£17,250	„ £385	£4,966
Wellingborough R.D.C.	Sywell	£18,850	„ £250	£6,283
Brackley R.D.C.	Helmdon Main Drainage—Stage 2	£25,615	„ £400	£8,538
Brixworth R.D.C.	Spratton	£34,900	„ £500	£11,633
Kettering R.D.C.	Newton	£5,700	„ £100	£1,920
Brackley R.D.C.	Syresham	£38,831	„ £650	£13,125
Brixworth R.D.C.	Boughton Village	£30,500	„ £390	£10,166
	Chapel Brampton and Boughton Crossing	£33,600	„ £450	£11,200
Oundle and Thrapston R.D.C.	Warmington	£37,500	„ £375	£10,100
Brackley R.D.C.	Sulgrave	£9,212	„ £240	£3,351
Towcester R.D.C.	Main Drainage Towcester Parish	£198,666	„ £1,200	£32,340

REVISION OF CONTRIBUTIONS.

The Ministry having revised their grants in aid of the undermentioned schemes, the County Council's contributions were also re-assessed as follows :

Authority	Scheme	Estimated Cost		Ministry Grant		County Council's Contribution	
		Original	Revised	Original	Revised	Original	Revised
SEWERAGE AND SEWAGE DISPOSAL							
Brixworth R.D.C.	Maidwell and Draughton	£29,200	£27,668	£13,000	£6,500 and ½ yearly payments of £170 for 30 years	£546/17/0	£521 annual contribution for period of 30 years
Northampton R.D.C.	Hartwell and Ashton	£28,140	£31,173	£10,000	£7,500 and ½ yearly payment of £190 for 30 years	£478	£547 annual contribution for period of 30 years
Kettering R.D.C.	Cottingham and Middleton	£44,400	£44,440	£550	£680 (½ yearly payment for 30 years)	£14,000	£14,800 capital sum
Brackley R.D.C.	Main Drainage	£119,937	£111,445	£69,000	£62,200	£2,286	£2,565 annual contribution for period of 30 years
Kettering R.D.C.	Grafton Underwood	£17,800	£21,637	£8,500	£4,250 plus ½ yearly payment of £170 for 30 years	£358/10/0	£440 annual contribution for period of 30 years
Wellingborough R.D.C.	Grendon	£31,550	£34,217	£17,000	½ yearly payment of £535 for 30 years	£676	£850 annual contribution for period of 30 years
WATER SUPPLY							
Towcester R.D.C.	Towcester Regional	£410,269	£405,467	£120,132	£165,567	£101,955	£135,156 capital sum
Brackley R.D.C.	Brackley Regional	£269,410	£296,524	£131,000	£152,800	£5,010	£5,010 annual contribution for 30 years
	Aynho Station and Warkworth	£4,900	£4,388	£1,700	£1,550	plus £1,634	£16,350 capital sum £1,463 capital sum

SECTION D.

Rural Housing.

Provision of New Housing Accommodation.

The following table shows the post-war record of Rural Housing Authorities up to 31st December, 1958, and the number of houses completed during 1958.

New Houses Built or Building.

Rural Housing Authority			Popula- tion Est. 1958	No. under construction at 31/12/58	No. com- pleted up to 31/12/57	No. com- pleted during 1958	Total No. of houses completed at 31/12/58	No. of post-war houses completed per 1,000 of population
Brackley	...	...	11,210	8 (14)	631	20 (62)	651	58.1
Brixworth	...	...	19,170	— (14)	674	14 (58)	688	35.9
Daventry	...	...	16,370	— (24)	849	28 (82)	877	53.6
Kettering	...	...	12,020	32 (—)	687	— (2)	687	57.2
Northampton	...	...	25,270	— (8)	1,646	8 (30)	1,654	65.5
Oundle and Thrapston	...	...	18,250	— (40)	630	54 (27)	684	37.5
Towcester	...	...	14,410	— (10)	1,045	10 (78)	1,055	73.2
Wellingborough	...	...	14,000	31 (77)	729	79 (80)	808	57.7
Totals	...	...	130,700	71 (187)	6,891	213 (419)	7,104	MEAN = 54.8

Figures in parentheses show total for year ending 31st December, 1957.

The building of 7,104 post-war houses by the Rural Districts, whose total population is 130,700 represents one new house for every 18.4 persons.

Private enterprise has built 4,010 houses post war in the rural districts of which 476 were completed during 1958.

SECTION E.

Food and Drugs.

1. MILK SUPPLY.

- (a) MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949, impose upon the County Council the duty of licensing and supervising milk pasteurising and sterilising plants.

(i) No. of licensed pasteurising plants as at 31st December, 1958..... 5

- (ii) Reports received upon samples taken and submitted to the Public Health Laboratory for submission to statutory tests for pasteurised milk :

	RESULTS			
	<i>Passed</i>	<i>Failed</i>	<i>Invalid or not tested</i>	<i>Total</i>
Methylene Blue Test (for keeping quality) ...	207	—	—	207
Phosphatase Test (for efficient pasteurisation)	207	—	—	207

- (iii) *Examination of empty bottles for cleanliness.*

During routine visits to the licensed pasteurising plants, empty bottles were taken for examination in the Public Health Service Laboratory, as to sterility after passing through the bottle washing routine at the plant.

The following are the results of such examinations during the year.

No. of bottles submitted	206
No. satisfactory	200
No. fairly satisfactory	2
No. unsatisfactory	4

- (b) FOOD AND DRUGS ACT, 1955, SECTION 31, prohibits the sale of tuberculous milk, and milk of cows suffering from tuberculosis and other scheduled diseases. In order to comply with this provision, samples of raw milk are submitted for biological examination.

There are in all, some 1,070 producers of milk in the County ; those who are not also retailers, consign their milk in bulk to one of the large depots for pasteurisation. After pasteurisation, milk produced in the County is redistributed for consumption not only in Northampton County Borough and Northamptonshire, but in towns and areas surrounding the County, and also in London. Those producers who do not retail milk themselves but send all their milk to a dairy for pasteurisation do not, it is felt, present any danger to the public health. Sampling for biological examination is therefore confined to untreated milk sold direct to the public by producer-retailers or by retail distributors, who obtain their milk either from larger dairies or from one or more producers. The County Public Health Inspector collected 126 such samples from producer-retailers and retail distributors and took them to the Public Health Laboratory at Northampton General Hospital for examination.

Reports received are as follows :

LABORATORY RESULTS

<i>Tuberculin Test or Attested</i>				<i>Passed</i>	<i>Failed</i>	<i>Invalid or Not Tested</i>	<i>Totals</i>
Methylene Blue Test ... ..	...	...	...	46	17	—	63
Test for Tubercle Bacilli ... ..	...	...	...	62	—	1	63

Unsatisfactory methylene blue test results are notified to the County Milk Production Officer of the Ministry of Agriculture, Fisheries and Food for appropriate action.

(c) SCHOOL MILK SUPPLIES.

All the 293 maintained schools are provided with liquid milk, bottled.

A number of changes in suppliers took place but all new supplies were investigated before approval.

Milk is delivered to one school in pint bottles, but at all the remaining schools—292 out of 293—milk is supplied in individual one-third pint bottles with drinking straws.

Details of school milk supplies as at December 31st, 1958, are set out in the following table :

	<i>Pasteurised</i>	<i>Tuberculin Tested</i>	<i>Number of Schools</i>
Primary Schools	230	16	246
Secondary Modern	28	1	29
Secondary Technical	4	—	4
Secondary Grammar and High	9	—	9
Special	3	—	3
Nursery	2	—	2
	276	17	293
	(283)	(10)	(293)

(Figures in brackets are the corresponding totals for previous year.)

There are now 52 suppliers of pasteurised milk. The milk is bottled at one or other of 17 pasteurising plants, four of which are licensed by the County Council and three by Northampton County Borough Council. The other sources of supply are outside the County boundaries. There are eleven suppliers of tuberculin tested milk, of whom all but two are producer-retailers.

Non-maintained schools.

As from 1st September, 1956, the County Council, as the Education Authority, became responsible for the provision of milk for pupils attending these schools. Suppliers have now been approved for all 28 schools.

Summary.

Number of non-maintained schools supplied with Pasteurised Milk	25
Number of non-maintained schools supplied with Tuberculin Tested Milk	3
	28

All the suppliers of Tuberculin Tested milk are producer-retailers.

Sampling.

A system of selective sampling by the County Public Health Inspector of milk supplied to schools was continued, samples being taken from the supplier rather than from individual schools. All samples were submitted to the Methylene Blue test for keeping quality. In addition, samples of pasteurised milk were submitted to the Phosphatase test to ensure that pasteurisation had been efficient, while raw milk samples were examined biologically for the presence of tubercle bacilli.

Eleven supplies to schools were sampled during the year and the results were :

	<i>Passed</i>	<i>Failed</i>	<i>Invalid or Not Tested</i>	<i>Total</i>
(a) <i>Pasteurised</i>				
Methylene Blue Test	9	—	—	9
Phosphatase Test	9	—	—	9
(b) <i>Tuberculin Tested</i>				
Methylene Blue Test	2	—	—	2
Biological examination for tubercle bacilli	2	—	—	2

2. PUBLIC HEALTH : REGULATIONS.

Public Health (Preservatives, etc., in Food) Regulations, 1925-1953.

Only 2 of the many samples examined by the Public Analyst for prohibited preservative, or for an excessive amount of a permitted preservative, were adversely commented upon. A glucose drink was thought to contain an excessive amount of preservative but there is much variance of opinion as to the proper classification of this type of soft drink. It is hoped that the position will shortly be clarified.

An informal sample of diabetic orange squash ^{can} obtained benzoic acid within the permitted limits, but sulphur dioxide was the preservative stated on the label. If the mistake is repeated the matter will be taken up with the manufacturers.

An informal sample of an imported product used by butchers to mix with minced beef so as to retain the colour was obtained and it was found to be ascorbic acid (vitamin C) in a base of reducing sugar. This was in no way objectionable as ascorbic acid is a permitted antioxidant.

No action was necessary under the Public Health (Condensed Milk) Regulations, 1923-1953, and the Public Health (Dried Milk) Regulations, 1923-1948.

3. ADULTERATION, FOOD STANDARDS, ETC.

FOOD AND DRUGS ACT, 1955.

The Chief Inspector of Food and Drugs (Mr. A. E. Waller) reports :

During the year ended 31st December, 1958, 807 samples were submitted to the Public Analyst for the County (E. Voelcker, Esq., A.R.C.S., F.R.I.C.) for examination under the Act, and of this number 42, or 5.2 per cent, were the subject of adverse comment. This compares with the percentages of 4.75, 6.6 and 7.66 of unsatisfactory samples for the three preceding years. As there is a higher incidence of sampling where unsatisfactory samples are either known, or are expected, to exist, the proportion is comparatively satisfactory. In any case, it is far more satisfactory than the figures which obtained during the 10 years from 1945 onwards when the unsatisfactory samples averaged 17 per cent. The samples submitted were as follows :

Milk (including Appeal to Cow)	368	Brought Forward	641
Channel Island Milk	75	Tinned Fruit	5
Cream	12	Mixed Fruit	2
Evaporated Milk	3	Cereal Foods.....	6
Condensed Milk	6	Bread.....	6
Milk Drink and Milk Shake Powder	2	Puff Pastry	2
Ice-cream	31	Baking Powder	1
Butter	17	Biscuits	2
Margarine	10	Cake	3
Lard and Dripping	10	Rice Pudding	1
Cheese and Cheese Spread	6	Jelly	6
Shredded Beef Suet.....	1	Jams and Marmalade	30
Meat or Fish Pastes	5	Mincemeat	3
Salmon Products	4	Soft Drinks	21
Sausages and Sausagemeat	42	Mixed Cut Peel	1
Tinned or Cooked Meats	11	Tea and Coffee	5
Minced Beef or Steak	6	Flav-R-Straws	1
Cornish Pasty	1	Health Foods	6
Soup	2	Wines and Spirits	34
Vinegar	6	Beer	1
Acetic Acid	2	Sweets	7
Salad Cream	2	Prepared Icing	1
Pickled Cucumber	1	Medicines	20
Seasonings	2	Salox F.S.	1
Potatoes	7	Egg Macaroni	1
Fresh Fruit	9		
		TOTAL	807
Carried Forward	641		

In addition to the samples submitted to the Public Analyst, milk and school milk samples were taken informally and tested in the Inspectors' offices. For all purposes, therefore, the numbers of samples dealt with were as follows :

Milk samples submitted to the Public Analyst	443
Milk samples tested informally	487
Milk samples from schools—tested informally	93
Miscellaneous samples submitted to the Public Analyst	364
Samples purchased for labelling requirements (not analysed)	9
TOTAL	1,396

(For the year 1957, the total number was 1,348.)

MILK.

A total of 443 samples of milk were submitted to the County Analyst, of which 75 were Channel Islands Milk, 10 were Sterilised Milk and 27 were " appeal to cow " samples. Of this total 28 were either adulterated by the addition of water or were below the presumptive standard for either fat or solids-not-fat, or for both.

11 samples which contained added water were obtained from four sources, in each case from a producer supplying milk to one of the large receiving dairies. The circumstances relating to substantial amounts of water in two churns were such that a written caution was given. In this instance the milk in 8 other churns in the same consignment was genuine and there was considerable evidence that the adulteration was inadvertently carried out by a registered mental defective employed on the farm. Legal proceedings were taken in three other instances with the results shown at the end of this report.

The remaining unsatisfactory samples were not adulterated but were poor milks with fat or solids-not-fat below the standard. The producers were informed so that steps might be taken to improve the quality of the milk.

The average fat content of the milk samples, other than Channel Islands milk, was 3.65 per cent and was fractionally higher than the average for the previous year (3.63). The solids-not-fat standard was also maintained, the average percentage of 8.75 per cent comparing well with the presumptive standard of 8.5 per cent.

Channel Islands milk carries a premium payment to the producer and a higher retail price to the consumer for the guaranteed higher fat content of at least 4 per cent. Only one sample failed to reach that figure and the average for the 75 samples of this specially designated milk was 4.65 per cent. The solids-not-fat figures were also very satisfactory, the average percentage being 9.14. This is comfortably above the presumptive standard of 8.5 per cent.

INFORMAL MILK SAMPLING.

In addition to the 443 formal milk samples submitted to the Public Analyst, 487 quite separate samples were taken informally to assist in determining where, and when, in certain cases to take formal samples, and also to gain some knowledge of what improvements were occurring after producers had been informed of low standards of their milk. These samples are tested by the Inspectors in their offices immediately after taking them, and apart from effecting a substantial saving in analytical fees, speedy results are obtained on which the necessary future action with regard to formal sampling can be determined.

MILK IN SCHOOLS.

93 samples of milk supplied under contract to schools were obtained and were similarly tested by the Inspectors for compositional quality. No adulterated sample was found and the average figures of analyses were slightly higher than for those samples taken formally throughout the County, i.e., 3.7 per cent fat (3.65) and 8.77 per cent solids-not-fat (8.75).

SAMPLES OTHER THAN MILK.

The compositional quality of the large range of foodstuffs sampled was again very well maintained, no adulteration being disclosed by the analysis of 364 samples. Adverse reports were principally in respect of unsatisfactory descriptions or of incorrect or incomplete labelling.

Buttacake. This was the printed description on the wrapper of a cake which contained no milk fat at all and the filling was imitation cream. It was considered that the name was likely to mislead as to the substance of the food and a conviction with a fine and costs was obtained.

Acetic Acid. This substance is usually bought in ordinary food shops in the form of vinegar which contains between 4 and 5 per cent of acetic acid. Concentrated solutions containing 15 per cent or more of acetic acid may not be sold by persons other than pharmacists or authorised sellers of poisons unless the bottle is labelled "Concentrated solution of acetic acid (x) per cent" and in prominent red type, "Dangerous—not to be used unless diluted." A bottle merely marked "Acetic Acid" was purchased from a food shop and, on analysis, it was found to contain 30.63 per cent acetic acid. Proceedings were taken under the Labelling of Food Order, 1953.

Fruit and Vegetables. Several samples of potatoes were examined for possible arsenical or other contamination caused by the use of sprayed fungicides, etc. All the samples were quite free from contamination. Similarly, samples of apples, gooseberries, pears, apricots, grapefruit and oranges were examined for deleterious deposits. All were satisfactory.

Foreign Body in Canned Fish. A complaint from the purchaser of a can of Tuna Fish was enquired into and what were thought to be pieces of glass in the fish were, in fact, magnesium ammonium phosphate crystals. This substance is natural to fish, entirely harmless, and the substances of which the crystals were composed are to be found in every can of salmon, tuna, crab, or other sea food. Crystals, however, are not formed unless the conditions are precisely favourable. It has been ascertained that the chance of crystals being formed in a can of fish is about one in a million.

Information was received that some tins of grapes contained small crystal formations, but the samples examined were quite free of such crystals. It would be unusual to find them, but if they were present they would certainly be harmless and would probably consist of tartaric acid which had crystallised under precisely favourable conditions.

Health Foods. Written cautions were sent to the seller of desiccated liver tablets, dandelion tea and kelp tablets for infringements of the Labelling of Food Order, 1953, and of the Pharmacy and Medicines Act, 1941. The infringements of the Labelling of Food Order related to claims in respect of vitamins and minerals and failure to declare them. The Pharmacy and Medicines Act prohibits advertisements relating to the use of articles in the treatment of certain specified diseases. In this case claims were made relating to two of the specified diseases, viz., tuberculosis and glaucoma. The advertiser also made claims that cancer could be cured by taking desiccated liver or rutin. It was thought desirable to institute legal proceedings in these cases, but the necessary consent of the Attorney General was not granted.

General. Several matters connected with labelling requirements were taken up with the manufacturers or importers and satisfactory alterations were made. A sample described as Steak and Kidney contained just over 90 per cent meat, the remainder being a thickened gravy. A proper description would have been Steak and Kidney in Gravy.

A loaf of bread was described as National Milk Loaf but there is now no authority for bread to bear this description. It was an ordinary loaf of bread containing skimmed milk and, in the opinion of the Public Analyst, it should not have been described even as a milk loaf.

A sample of a Wheat Germ Food had a number of extravagant claims as to its efficacy. The article was found on analysis to be nothing more than coarsely ground whole wheat and it was difficult to see how it could be used as a successful treatment for sleeplessness, the common cold, influenza, skin diseases, eye defects, nervous strain, indigestion, high blood pressure and children's ailments. Perhaps the gem of these almost fantastic claims was addressed to the expectant mother, who was assured that if she took the Food for six months the baby would

not only have good teeth and well formed limbs but would also have a high degree of intelligence. A high value was placed on this stone ground whole wheat by the manufacturer, as the price charged was seven or eight times as high as the prices of other similar products which were easily available.

A tin of Casserole of Game gave the list of ingredients "as available" and, according to the list, the main ingredient might have been pheasant or partridge or rabbit, according to which was available. This was a foreign product and the importer, on being cautioned, decided to cease importation. Other products labelled with ingredients "as available" were mixed cut peel and mixed herbs.

Advertisements have been regularly scrutinised and representations have been made to advertisers of margarine, bread, tinned cream, fish paste, whole wheat flour and proprietary medicinal products. Each resulted in modifications of the advertisement so as to remove ambiguities or what was alleged to be misleading.

LEGAL PROCEEDINGS.

The proceedings taken during the year, with the results, are summarised below:

			<i>Fines</i>			<i>Costs</i>		
			£	s.	d.	£	s.	d.
1. Bakers	Giving with a certain food, BUTTA-CAKE, a label calculated to mislead as to the substance of the food.	Food and Drugs Act, 1955 Section 6 (1)	10	0	0	2	10	0
2. Food Merchant	Having in possession for sale acetic acid containing 30.63 per cent W/V of acetic acid not labelled as required.	Labelling of Food Order, 1953 Article 7 (2)	3	0	0	2	10	0
3. Milk Producer	Selling milk to which 8.1 per cent of water had been added.	Food and Drugs Act, 1955. Section 32 (3)	12	0	0	2	6	0
do.	do..... 9.4 per cent added water.	do.	12	0	0	—		
do.	do..... 6.6 per cent added water.	do.	12	0	0	—		
4. Milk Producer	Offering for sale milk to which 48.1 per cent of water had been added.	do.	2	18	0	2	2	0
5. Milk Producer	Having in possession for sale milk to which water had been added. (9.8, 7.5, 5.4, 3.0 and 2.6 per cent.)	do.	20	0	0	7	0	0
			<hr/> £71 18 0			<hr/> £16 8 0		

Total Fines and Costs—£88 6s. 0d.

SECTION F.

Prevalence of, and Control over, Infectious and other Diseases.

1. INFECTIOUS DISEASES.

Scarlet Fever. 151 cases of this infection were notified compared with 173 last year. 70 cases occurred in children between five and nine years of age.

Diphtheria. No cases were notified.

Erysipelas. 25 cases were notified—the same number as last year. 18 cases occurred in persons aged forty-five years or over.

Typhoid. 3 cases occurred. Two were at Nassington in Oundle and Thrapston Rural District, and one at Ravensthorpe in Brixworth Rural District. The latter case was in a gipsy and attempts to trace the source of infection and contacts proved to be impossible.

Paratyphoid. No cases occurred.

Puerperal Pyrexia : Ophthalmia Neonatorum. These diseases are dealt with in the Maternity and Child Welfare Section of this report.

Pneumonia (Acute Primary and Acute Influenza). 156 cases were notified compared with 238 last year.

Measles. There were 2,063 cases notified compared with 3,928 last year.

Whooping Cough. 269 cases were notified compared with 228 last year. 125 of the cases occurred in Wellingborough Urban District.

Meningococcal Infection. Three cases of this disease were notified compared with one case last year.

Dysentery. 74 cases were notified compared with 44 last year. 47 of the cases occurred at Corby.

Food Poisoning. 29 cases occurred compared with 50 last year. Eleven of the cases were in Kettering Borough.

Poliomyelitis. 29 cases were notified—23 paralytic and 6 non-paralytic. Last year 21 cases occurred—18 paralytic and 3 non-paralytic. It is, of course, much too early to draw any conclusions about the immunisation campaign from these figures. During 1958 the campaign was in its infancy and its success will only become measurable after a period of several more years.

2. VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

The vaccine in general use is purified formol toxoid (FT), provided free by the Ministry of Health through the Public Health Laboratory Service.

The following table shows the number of children at 31st December, 1958, who had completed a course of immunisation against diphtheria at any time before that date (i.e., at any time since 1st January, 1944).

<i>Age on 31/12/1958 (i.e., born in year)</i>	<i>Under 1 1958</i>	<i>1-4 1954-1957</i>	<i>5-9 1949-1953</i>	<i>10-14 1944-1948</i>	<i>Under 15 Total</i>
A. Number of children whose last course (primary or booster) was completed in the period 1954-1958	627	12,149	12,313	2,383	27,472
B. Number of children whose last course (primary or booster) was completed in the period 1953 or earlier	—	—	2,706	12,910	15,616
C. Estimated mid-year child population	4,780	18,020	45,500		68,300
Estimated percentage immunised ...	56%		67%		

Whooping Cough Immunisation.

The whooping cough vaccine and the combined diphtheria-pertussis prophylactic are purchased by the Council.

WHOOPING COUGH
IMMUNISATION STATISTICS FOR POPULATION UNDER 15 YEARS

<i>Year</i>	<i>No. Immunised during year</i>		<i>Total</i>
	<i>Under 5</i>	<i>5-15</i>	
1949	960 (766)	25 (16)	985 (782)
1950	1,476 (1,230)	41 (17)	1,517 (1,247)
1951	1,433 (1,231)	43 (19)	1,476 (1,250)
1952	1,897 (1,442)	73 (24)	1,970 (1,466)
1953	2,219 (1,887)	60 (36)	2,279 (1,923)
1954	2,919 (2,706)	107 (74)	3,026 (2,780)
1955	2,752 (2,656)	100 (74)	2,852 (2,730)
1956	3,097 (3,078)	83 (74)	3,180 (3,152)
1957	3,521 (3,492)	120 (102)	3,641 (3,604)
1958	2,962 (2,743)	58 (52)	3,020 (2,795)

The figures in brackets relate to children immunised with combined diphtheria-whooping cough vaccine and are also included in the diphtheria immunisation statistics.

Vaccination against Smallpox.

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme since 1949 :

<i>Age at date of vaccination</i>	<i>Under 1</i>		<i>1 to 4</i>		<i>5 to 14</i>		<i>15 or over</i>		<i>Total</i>	
	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>
1949 ...	344	—	286	4	51	22	109	189	790	215
1950 ...	746	—	135	14	115	96	261	563	1,257	673
1951 ...	972	—	179	11	228	107	222	442	1,601	560
1952 ...	1,052	—	187	12	102	46	212	436	1,553	494
1953 ...	1,224	—	195	10	113	36	162	265	1,694	311
1954 ...	1,586	—	168	15	106	33	182	262	2,042	310
1955 ...	1,535	—	177	14	89	24	215	293	2,016	331
1956 ...	1,772	—	212	22	125	74	210	388	2,319	484
1957 ...	3,233	—	418	56	293	139	514	706	4,458	901
1958 ...	3,214	—	329	40	164	92	415	572	4,122	704

The percentages of infants under the age of one year vaccinated against smallpox are as follows :

1949—11 ; 1950—16 ; 1951—24 ; 1952—26 ; 1953—29 ; 1954—37 ; 1955—38 ; 1956—41 ; 1957—70 ; 1958—67.

The number of vaccinations carried out by County Council Staff was 532.

Poliomyelitis Vaccination.

The following table shows the number of persons who had received two injections by 31st December, 1958.

<i>Age on 31/12/58 (i.e., born in year)</i>	<i>Under 1</i>	<i>1-4</i>	<i>5-9</i>	<i>10-14</i>	<i>15 or over</i>	<i>Total</i>
	1958	1954-1957	1949-1953	1944-1948	1943-	
	342	11,989	15,230	16,215	4,775	48,551*

* Of this total 13,318 persons had received three injections.

Immunisation (All Types).

The number of children who completed courses of immunisation of all types, i.e., diphtheria (including " booster " doses), poliomyelitis, whooping cough and combined diphtheria-whooping cough, was 53,609.

3. TUBERCULOSIS.

The numbers of cases of tuberculosis on the registers at the end of 1958 were :

<i>Respiratory.</i>			<i>Non-Respiratory</i>			<i>Total</i>
<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Cases.</i>
813	648	1,461	165	179	344	1,805

Particulars of new cases of tuberculosis and of all deaths from the disease are shown below :

AGE PERIODS.	NEW CASES.				DEATHS.			
	<i>Respiratory.</i>		<i>Non-Respiratory.</i>		<i>Respiratory.</i>		<i>Non-Respiratory.</i>	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	—	—	—	—	—	—	—	—
1—	—	1	—	—	—	—	—	—
2—	1	—	—	1	—	—	—	—
5—	4	1	1	—	—	—	—	—
10—	1	4	1	—	—	—	—	—
15—	11	12	1	3	—	—	—	—
20—	11	11	2	2	—	—	—	—
25—	16	13	1	3	—	4	1	—
35—	9	9	2	3	—	—	—	—
45—	16	4	1	1	12	1	—	1
55—	8	2	1	2	—	—	—	—
65—	4	3	—	1	3	1	1	—
75—	—	1	—	—	—	—	—	—
TOTALS ...	81	61	10	16	15	6	2	1

Thirty-eight new cases were not notified in this Administrative County, being transfers from other areas. There were two posthumous notifications.

The total primary notifications of tuberculosis amounted to 168—115 of which occurred in the Urban Districts and 53 in the Rural Districts. Of this number, 142 were suffering from respiratory forms of the disease and 26 from other forms of tuberculosis. There were two less primary notifications during 1958 than for the year 1957. Of the 168 primary notifications, 163 were civilians and 5 non-civilians ; Table III, page 62, in the statistical section, shows the number of civilian cases notified in each District.

Mortality. Respiratory—21 deaths (15 males and 6 females) occurred, 10 in the Urban Districts and 11 in the Rural Districts.

Other forms—three deaths (2 males and 1 female) occurred, two in the Urban Districts and one in the Rural Districts.

There were thus 24 deaths from all forms of tuberculosis as compared with 17 in 1957. The mortality rate was 0.08 per thousand of the population, which is the lowest but one recorded. The rate for the combined Urban Districts was 0.08 and 0.09 for the combined Rural Districts.

The annual Tuberculosis Mortality Rates from the beginning of this century will be found in Table V, page 64.

Mass Radiography.

Details of surveys carried out in the county by the Mass Radiography Service (No. 1 Unit, Oxford Regional Hospital Board) are shown below :

Period of Survey.	Place Surveyed.	Groups Surveyed.	Number X-rayed.	No. of newly discovered cases of significant tuberculosis.		Percentage Response.
				Active.	Rate per 1,000.	
14th Oct.- 26th Nov., 1957	CORBY (5th survey)	Firm	10,103	24	2.38	97
2nd-4th and 16th-18th Dec.	DUSTON (3rd survey)	Firm	1,951	1	0.51	56
30th-31st Dec.	MOULTON (2nd survey)	Firms	233	—	—	—
		General Public	265	—	—	—
		TOTAL	498	—	—	—
1st Jan., 1958	BILLING (1st survey)	Firm	151	—	—	—
6th-28th Jan.	CORBY (6th survey)	Boot and Shoe	159	—	—	—
		Other Firms	773	1	1.29	—
		General Public	2,317	7	3.02	—
		TOTAL	3,249	8	2.46	—
29th Jan.- 20th Feb., 9th June- 18th July, and 1st-30th Sept.	NORTHAMPTON (7th survey)	Boot and Shoe	5,544	6	1.08	72
		Other Firms	12,726	6	0.47	
		National Service Entrants	453	—	—	—
		General Public	17,961	5	0.28	—
		TOTAL	36,684	17	0.46	—
9th-22nd April	BRAUNSTON	General Public	293	—	—	—
		BYFIELD	General Public	190	—	—
		CRICK	General Public	87	—	—
	FLORE	General Public	137	—	—	—
		HARPOLE	General Public	239	—	—
		LONG BUCKBY	Boot and Shoe	125	—	—
		Other Firms	16	—	—	—
		General Public	289	—	—	—
	WEEDON	Boot and Shoe	35	—	—	—
		Other Firms	312	—	—	—
		General Public	90	—	—	—
	WEST HADDON	General Public	240	—	—	—
		WOODFORD HALSE	General Public	404	—	—
		TOTAL	2,457	—	—	—
24th-29th April	DAVENTRY (4th survey)	Boot and Shoe	276	—	—	76
		Other Firms	393	1	2.55	
		General Public	1,011	1	0.99	
		TOTAL	1,680	2	1.19	
6th May	WELLINGBOROUGH	Firm	282	3	10.63	100
7th-8th May	ROTHWELL (5th survey)	Boot and Shoe	682	—	—	76
		Other Firms	9	—	—	
		General Public	639	1	1.56	—
		TOTAL	1,330	1	0.75	
9th-14th May	DESBOROUGH (5th survey)	Boot and Shoe	546	—	—	89
		Other Firms	797	—	—	
		General Public	701	1	1.43	—
		TOTAL	2,044	1	0.49	—

Period of Survey.	Place Surveyed.	Groups surveyed.	Number X-rayed.	No. of newly discovered cases of significant tuberculosis.		Percentage Response.
				Active.	Rate per 1,000.	
16th-20th May	BURTON LATIMER (5th survey)	Boot and Shoe	396	1	2.53	91
		Other Firms	969	—	—	
		General Public	486	—	—	
		TOTAL	1,851	1	0.54	
24th June	CORBY	Firm	125	3	24.0	100
12th-14th August	ST. CRISPIN HOSPITAL (5th survey)	Patients	976	—	—	—
		Staff	230	—	—	—
		TOTAL	1,206	—	—	—
26th August	TIFFIELD (St. John's School)	Boys	82	—	—	—
		Staff and Dependants ...	13	—	—	—
		TOTAL	95	—	—	—
13th-15th Oct. and 27th-29th Oct.	DUSTON (4th survey)	Firm	1,942	—	—	57
3rd-4th November	BOZEAT (5th survey)	Boot and Shoe	206	—	—	83
		General Public	179	—	—	—
		TOTAL	385	—	—	—
4th-5th November	WOLLASTON (5th survey)	Boot and Shoe	369	1	2.71	81
		Other Firms	202	—	—	—
		General Public	156	—	—	—
		TOTAL	727	1	1.38	—
10th-12th November	FINEDON (5th survey)	Boot and Shoe	582	1	1.72	75
		Other Firms	79	—	—	
		General Public	465	1	2.15	
		TOTAL	1,126	2	1.78	
13th-14th November	EARLS BARTON (5th survey)	Boot and Shoe	477	—	—	81
		Other Firms	148	—	—	
		General Public	391	—	—	
		TOTAL	1,016	—	—	

Contacts.

The following table shows the numbers of contacts examined and the numbers of contacts successfully vaccinated with B.C.G.

Year	Contacts examined	Contacts vaccinated with B.C.G.
1949	463	Nil
1950	774	12
1951	871	93
1952	1,002	118
1953	1,042	121
1954	1,074	182
1955	1,002	338
1956	1,045	413
1957	1,082	480
1958	997	465

Of 273 contacts of pulmonary tuberculosis cases diagnosed in 1958, 254 or 93% were examined. Eight contacts, six of whom had not been examined in previous years, were diagnosed as cases of pulmonary tuberculosis during 1958.

Mantoux Tests.

The results of the initial Mantoux Tests carried out on contacts up to 15 years of age of pulmonary tuberculosis cases diagnosed in 1958 are as follows :

<i>Age Groups</i>	<i>Urban Districts</i>		<i>Rural Districts</i>		<i>All Districts</i>	
	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
0-4	7	15	1	4	8	19
5-9	16	19	1	—	17	19
10-15	15	31	2	4	17	35

B.C.G. Vaccination of thirteen year old school children.

Consent for Mantoux testing and vaccination was returned for 1,300 children, which represents an acceptance rate of 92.7%. 218 children tested were Mantoux positive, a rate of 18.3%. The number vaccinated was 958 and the number of sessions devoted to this by medical officers was 20.

Re-housing of Cases of Tuberculosis, 1958.

The District Medical Officers of Health have kindly supplied the following information regarding the numbers of houses allocated to tuberculous families.

<i>District</i>	<i>No. of Houses Allocated</i>
Daventry Borough	2
Kettering Borough	1
Corby Urban	3

Domiciliary Occupational Therapy.

TUBERCULOSIS AND OTHER CHEST CONDITIONS :

Number of patients visited by Occupational Therapist.....	32
Total number of visits.....	376

These patients were referred by Dr. G. B. Lord, chest physician, Rushden House Sanatorium.

The aim of treatment was either to assist in preparation for return to full-time employment or to help chronic patients with light work at home.

In the latter case, remunerative occupation was found where possible. In two cases, factory work has been supplied and it is hoped to extend this work in the future.

Reference is made to the work with mental health patients in Section G of this report.

VENEREAL DISEASES.

The following table shows the number of County patients attending for the first time at venereal diseases clinics.

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
Northampton General Hospital	11	57	115
St. Mary's Hospital, Kettering	2	10	32
Peterborough Memorial Hospital	1	1	1
Total	14	68	148

Clinics are held at the following times :

Northampton General Hospital

Males	Wednesdays	2 p.m. to 4 p.m.
	Fridays	5 p.m. to 7 p.m.
Females	Mondays	5 p.m. to 7 p.m.
	Fridays	2 p.m. to 4 p.m.

St. Mary's Hospital, Kettering

Males	Tuesdays	6.30 p.m.
Females	Tuesdays	5.30 p.m.

Peterborough Memorial Hospital

Males	Mondays	5.30 p.m.
	Wednesdays	5.30 p.m.
Females	Tuesdays	10.30 a.m.
	Thursdays	5.30 p.m.

SECTION G.

Mental Health Services.

1. ADMINISTRATION.

(i) Committee responsible for service.

The Committee responsible for the service is the Mental Health Services Sub-Committee of the Health Committee. The Sub-Committee consists of twelve members of the Council and five co-opted members—two nominated by the Northamptonshire Local Medical Committee, one by the Northampton Mental Hospital Management Committee, and two appointed by the Health Committee. Meetings are held quarterly.

(ii) Co-ordination with the Regional Hospital Board and Hospital.

The County Medical Officer of Health is a member of the Northampton and District and of the Kettering and District Hospital Management Committees ; the Deputy County Medical Officer of Health is a member of the St. Crispin Hospital Management Committee and the Bromham Hospital House Committee, and of the Psychological Medicine Sub-Committee of the Joint Medical Advisory Committee of the Oxford Regional Hospital Board. Further liaison with the hospital services is obtained through the Physician Superintendent and the Consultant Psychiatrists of St. Crispin Hospital, who have always given their help and advice when consulted. Supervision of mental defectives on licence in the County is undertaken on behalf of the Hospital Management Committees by the Mental Welfare Officers, who also submit reports on the home circumstances of patients whom the Management Committees desire to send on holiday leave or licence.

(iii) Duties delegated to Voluntary Associations.

No duties have been delegated to Voluntary Associations, but use is made of holiday homes supervised by the Brighton Guardianship Society.

(iv) Training of Staff.

The Supervisor of the Kettering Occupation Centre has started training on the Diploma Course for Teachers of the Mentally Handicapped which is organised by the National Association for Mental Health.

2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

Lunacy and Mental Treatment Acts, 1890-1930.

Cases dealt with by Duly Authorised Officers :	<i>Males</i>	<i>Females</i>	<i>Total</i>
No. of cases certified and removed to hospital	2	11	13
No. of cases removed on Three Day Orders and subsequently			
(a) Admitted as Certified Patients	2	6	8
(b) Admitted as Temporary Patients	—	—	—
(c) Admitted as Voluntary Patients	28	44	72
(d) Discharged (after extension by Physician Superintendent)	1	11	12
(e) Died	1	2	3
No. of cases removed on Justices' Orders (14 days) and subsequently			
(a) Admitted as Certified Patients	1	7	8
(b) Admitted as Temporary Patients	—	—	—
(c) Admitted as Voluntary Patients	19	29	48
(d) Discharged (1 after extension by Physician Superintendent)	2	6	8
(e) Died	1	—	1
No. of cases admitted direct as Voluntary Patients	35	52	87
No. of cases admitted direct as Temporary Patients	1	—	1
No. of cases in which no action was necessary	32	40	72
Total number of cases referred	125	208	333

The number of admissions from the County to Mental Hospitals as Health Service patients were as follows :

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Certified Patients	5	24	29
Temporary Patients	1	—	1
Under Orders for Observation	52	92	144
Voluntary Patients	168	253	421
	226	369	595

Irrespective of the method of admission, the proportion who ultimately remained in hospital as voluntary patients was 90.9%, compared with 57.2% in 1950. This clearly demonstrates the modern trend in the treatment of mental illness.

In dealing with mentally unstable patients, especially those who are borderline cases, it is often necessary to pay many visits before they can finally be persuaded that they should enter hospital for their own welfare. For example, in the case of two brothers who lived alone, the Duly Authorised Officer had to pay eight visits, after relatives had been unsuccessful, before one of them agreed to treatment. A further six visits were necessary over the next four weeks to persuade the other brother that he also should consent to enter hospital. The interviews of necessity had to take place wherever the brothers could be found, whether in the fields, lanes or public house.

In hospital, both these brothers made reasonable progress and reached the state when they could be returned to a sheltered existence in the community.

Mental Deficiency.

Cases on the Register :

	<i>Males</i>	<i>Females</i>	<i>Total</i>
In Mental Deficiency Hospitals	175	134	309
In other hospitals	4	5	9
In Approved Homes	3	4	7
Total under hospital care	182	143	325
On Licence	7	6	13
Under Guardianship	—	—	—
Under Statutory Supervision	112	128	240
Under Voluntary Supervision	73	83	156
Ascertained but not under supervision	2	1	3
Total number of cases on Register.....	376	361	737

Ascertainment Rate : 2.60 per 1,000

Ascertainment.

Fifty-seven new cases were ascertained. Of the 24 reported by the Education Authority, eight were excluded from school as ineducable and 16 were in need of supervision after leaving school. Ten cases were reported by hospital consultants, eight by general practitioners, two as transfers from other local authorities, and one each by the Police and by a Prison Medical Officer. The remaining 11 were ascertained directly by the Health Department. The names of 57 cases were removed from the Register : 28 were no longer in need of supervision, eight died, ten removed from the area, 14 were discharged from their Orders by the Board of Control, four of them being retained under voluntary supervision. In one case the Education Authority cancelled its report and the child was returned to school.

Guardianship.

Regular visits were paid to three patients who were under guardianship and who were the responsibility of other authorities. One of these was discharged from Order by the Board of Control and remained under voluntary supervision. No Northamptonshire patients were under guardianship.

Licence.

Twenty-three patients (ten male and thirteen female) including ten new cases were on licence from hospitals. Of the female patients seven were in domestic service, two were licensed as patients to other hospitals, one was employed as an ordnance depot packer, and three were unemployed. The male patients worked as labourers or in boot and shoe factories. One was unemployed and another had irregular employment. One male and three female patients were discharged from their Orders and the licences in respect of two male and three female patients were revoked. Those on licence in this County, including a further four from other areas, were visited regularly by the Mental Welfare Officers.

Domiciliary Supervision.

Health Visitors paid 990 routine visits to defectives under statutory and voluntary supervision in their homes. The Mental Welfare Officers carried out visits and interviews in the cases of those defectives who were in difficulties or who required special supervision. They visited in order to establish a relationship when cases were first reported and, where parents were distressed about their children's condition, tried to help them to gain understanding and to appreciate what could be done to help the children. Where defectives were proving troublesome, they were interviewed and advice was given to the relatives. When these problems became acute, hospital care was discussed. For example, there was a girl aged 16 who had been a considerable problem at Special School. Within a few months of leaving she became pregnant, contributing to family disharmony, and the parents requested her admission to a mental deficiency hospital. Owing to shortage of beds she was placed in a Moral Welfare Home, but on her discharge after the baby's birth the parents changed their minds and wished to keep her at home. They refused, however, to have the child, who was taken into care by the Children's Department. Three months later they realised that they could not control the girl, who was getting into further trouble. They requested hospital care on a voluntary basis. The hospital was unwilling to accept her except under Order and it took several discussions with the father before he gave his consent. In all, 15 visits were paid to this family but the girl has settled remarkably well in hospital and is making good progress.

A time-consuming activity has been the placing in employment of those defectives who had been unable to find work by the normal methods. For example, a man aged 24 had been in institutional care for many years. After discussions with the Employment Exchange he was taken to no less than ten farms before being finally accepted. His work, however, was so slow that the farmer, with permission from the Agricultural Wages Board, paid insurance and a net wage of £1 per week. This was made up by the National Assistance Board to their normal scale of allowance, and the boy himself was reasonably content. Other defectives were placed with sympathetic employers at normal wage rates.

Hospital Care.

Of 22 patients who were admitted to hospital during the year all but four were placed informally. Two Orders were made by the Courts and two upon Petition. A further nine were admitted for temporary periods. All the vacancies were allocated by the Oxford Regional Hospital Board.

Training Centres.

Corby—Rockingham Road Health Clinic.

(Supervisor—Mrs. E. Sowerby. Assistant Supervisor—Mrs. W. M. Baxter.)

The number of children attending was 21 (eleven boys and ten girls). Of these, four were over 16 years of age. Seven children who came from the Oundle area and four boys from the Exeter Estate, travelled to the Centre by school bus until the end of the Summer Term, when this means of transport ceased to be available. Arrangements were then made for an ambulance to convey these children.

With the removal of the older children to Kettering, extra attention has been given to the nursery group who have responded very well.

A new boiler was installed in the premises and an additional radiator, which has considerably improved the temperature, was placed in the small room. This room has now been brought into full use.

An Open Day was held during the last week of the Summer Term, when parents and friends were invited. Completed work was on view, and the visitors were also able to see the children at work. Parents seemed to appreciate this as it gave them a better understanding of their children's day at "school".

Parents and friends were invited to a Christmas Party. The children provided a varied entertainment and each received a gift from the Kettering and District Society for Mentally Handicapped Children. On the last day of term the headmaster, with boys from Corby Secondary Modern School, brought presents and entertained the children. Each boy selected one of our children and provided gifts for this child.

Kettering—St. Peter's Church Buildings, Tennyson Road.

(Supervisor—Miss F. L. Caswell. Assistant Supervisor—Miss H. Griffin. When Miss Caswell commenced the training course Miss Griffin became acting Supervisor and Mrs. E. E. Cocker the Assistant Supervisor.)

At the end of the year twenty-six names were on the register, the ages ranging from six to 23 years. In September, eight boys were transferred to the Handicraft Centre. A class for girls over the age of fifteen was started during the year, two of the girls coming from Wellingborough Occupation Centre and four from Corby. Three of the six had been unable to hold jobs. The class does out-work kindly supplied by Thurgar Bolle's factory and the resulting pocket money is a great encouragement to them.

Many new ideas in handicraft and games have been put into practice with good results and, during the summer months, outings were made to Billing Aquadrome and Wicksteed Park. At the Open Day for display of handiwork in December, all the exhibits were bought by parents and friends and, at the Christmas Party, the children gave a display.

Kettering Handicraft Training Centre—St. Peter's Church Buildings, Tennyson Road.

(Supervisor—Mr. W. Lewis.)

September 4th, 1958, saw the opening of the Kettering Handicraft Training Centre for male trainees over the age of 14 years. The Centre opened with ten trainees, eight from the Kettering Occupation Centre, one from the Wellingborough Centre, and one from Corby.

From the start one could see a marked change in the trainees' status from boys into young men. For them, it was work and not school any more.

The main handicraft activity has been woodwork, but it is hoped to progress into other fields, such as gardening, in due course. Physical education, games, elementary reading, writing and arithmetic, and a hobbies' afternoon, also have their places in the curriculum.

Near the end of the year a P.T. display, sale of work and Christmas Party were held, gifts being kindly given by the local Society for Mentally Handicapped Children.

Apart from a few minor cuts, regarded by the boys with proprietary delight, there have been no accidents since the Handicraft Training Centre was opened.

Wellingborough—Salem Hall, Salem Lane.

(Supervisor—Miss B. V. Miller. Assistant Supervisor—Mrs. R. J. Goss, until 31/5/58, then Mrs. N. E. Coles.)

The activities at this Centre continued satisfactorily as in previous years and the number of children attending the Centre rose to twenty-nine. The Centre received children from the Wellingborough and Rushden district, all the children travelling by public transport and being met in Wellingborough by the staff.

In May, out-work was re-introduced for the older girls, this time in the form of plastic work such as the assembling of sunglasses and hair slides. By this means an incentive has been given to the girls, who are usefully employed and, in addition, receive remuneration for their work.

Outings to Billing and Hunstanton took place in June and July.

In September one boy was transferred to the Handicraft Centre at Kettering, followed in October by two girls to the class for older girls at the Kettering Occupation Centre.

Northampton—St. Giles' Church Buildings.

(Supervisor—Mrs. M. B. Redley.)

The number of children on the register at the end of the year was thirteen, an increase of four over the previous year. Twelve of these children have attended the Centre regularly, transport arrangements presenting difficulties in the case of the thirteenth child. Most of the children, whose ages ranged from five to seventeen years, travelled unaccompanied on service buses.

Almost all activities have been taken together as one group, and it was found that the older ones helped the younger ones in many ways, particularly in speech.

The activities included music and movement, speech training, sense training, the three R's where possible, singing, games and handwork. Weather permitting, the children were taken to the park on one afternoon each week.

A good standard was achieved with some of the handwork. Two full-sized rugs and several small ones were completed, as well as a number of other useful articles.

On July 15th an enjoyable picnic day was spent at Billing Aquadrome. On December 15th, the Christmas Party took place. On December 17th a sale of work and Open Day was held, when the children provided an entertainment for their guests. On December 31st, eleven of the children went to Wembley to see "Holiday on Ice".

During the year the Centre was visited by a number of medical post-graduate students from Northampton General Hospital.

Mental Illness.

The Duly Authorised Officers undertake social and community care for both mentally defective and mentally ill patients. The duty is so arranged between them that one officer is always available to deal with emergencies under the Lunacy and Mental Treatment Act, and a 24-hour service is provided.

A very close association exists between the Mental Health Department and St. Crispin Hospital, and in this we are most fortunate that the Physician Superintendent and his staff readily give advice and guidance whenever required.

The County is well provided with Out-Patient Psychiatric Clinics, which are now held at Corby, Kettering, Northampton, Rushden and Wellingborough. Full use is made of referral to Psychiatric Out-Patient Clinics, especially where there is no anti-social tendency on the part of the patient.

Problems of the elderly.

Whilst younger members of the general public are now more prepared to receive help in the event of their own mental illness, it is not so readily accepted by them when the patient is one of their elderly relatives. The idea that such a relative should be removed to a mental hospital is often repugnant to the sons, daughters or other younger persons concerned. Nevertheless, in the case of these elderly patients, admission to a mental hospital may be necessary for their own safety and wellbeing. In addition, the conduct of some may have such a disturbing influence on other members of their families that they require hospital care on that account.

On the other hand, a proportion of these elderly patients are found to be suffering from some physical disability as well as from mental disturbance and, if the former can receive adequate hospital care, an improvement in their mental condition often follows. In dealing with this type of patient, excellent co-operation has been forthcoming from the doctors and matrons of chronic sick hospitals. When the Duly Authorised Officer, in consultation with the family doctor, feels that a disturbed elderly patient should be admitted to such a hospital, the admission takes place on the understanding that, should the patient's mental condition subsequently warrant it, he or she would then be transferred to a mental hospital. During the year under review 12 such patients were admitted to hospitals for the chronic sick and in no case did subsequent transfer to a mental hospital prove necessary. This demonstrates the satisfactory nature of the arrangements and constitutes an acceptable solution of what can be a very difficult problem.

This tendency not to invoke the powers of the Lunacy Acts and not to admit elderly patients to mental hospitals unless it is essential, is in keeping with modern attitudes to mental illness. It is to be hoped that, in the future, even fewer such patients will be admitted to mental hospitals as facilities to provide care for them in the community are expanded.

After-Care.

After-care of patients discharged is carried out by the Mental Health Workers and, if necessary, by referral to the Out-Patient Clinics. The greatest problem here is not always the rehabilitation to home and social life, but the obtaining of suitable employment with sympathetic employers.

Mental Illness (After-Care).

New cases referred for after-care and supervision from St. Crispin Hospital	50
Number who have settled satisfactorily in the community	20
Number re-admitted to hospital	18
Number still receiving visits at end of year.....	25

Domiciliary Occupational Therapy.

(a) Mental Defectives.

The Occupational Therapist visited 25 patients, the total number of visits being 470. These patients were either considered unsuitable for Occupation Centres or were unable to attend because of transport difficulties.

The aim of this work is to help patients to live a useful life in the community. A number of articles, including stools and shopping baskets, were completed and sold. In only one case was outwork found from a local shoe factory. This took the form of interlacing and continued for about six months.

(b) Mentally Ill.

Ten mentally ill patients were visited. Referral was mainly from St. Crispin Hospital, the patients being referred to the local authority for after-care.

Occupational therapy usually took the form of general craftwork. Its value might be illustrated by the case of a man, aged 48 years, who had not worked for seven years because of mental illness. The Occupational Therapist found employment for him in the assembly and painting of model aircraft for a factory. This work helped to prevent him from deteriorating into complete lethargy, and by doing it, he was able to earn 19/6 per week.

General.

The Occupation Centres give valuable training, particularly in social behaviour, so that the children are rendered more manageable at home and in the community.

The formation of the Kettering Handicraft Training Centre has enabled the older male pupils to come together. The segregation of the older girls from the younger children at Kettering is likewise a great improvement on former arrangements.

Medical and dental inspections were carried out on all children at the Centres and school meals and milk were available to them.

The Parents' Association of the Society for Mentally Handicapped Children have continued to take a keen interest in the social side of the Centres. They have given £100 each to Kettering and to Wellingborough for the purchase of chairs and of tables topped with gaily-coloured formica. These have greatly enhanced the appearance of the Centres and the Health Committee has expressed its gratitude to the Association for their generosity.

The year under review lay between the publication of the Report of the Royal Commission on the law relating to mental disorder and the first reading of the Mental Health Bill. The latter will bring about changes in the organisation and administration of the mental health services. The emphasis will lie on the patient's health and welfare, rather than on custodial functions. As much treatment as possible will take place without admission to hospital and, where admission proves necessary, this will be increasingly arranged on a voluntary and informal basis. The Bill envisages a complete re-orientation of emphasis from hospital to community care. This will add greatly to the responsibilities of local health authorities and will inevitably entail an increase in staff and in the facilities provided.

The proposed changes in the law will bring mental health work up to contemporary medical standards but, if the Mental Health Bill is to be a success, the wholehearted co-operation of the public will be essential. Sufferers from mental ill-health still do not receive the personal help and sympathy which are so readily forthcoming for the physically disabled. The public must be educated to play its part in our new and enlightened attitude to mental health.

SECTION H.

Incidence of Blindness — Follow-up Enquiry.

The medical records of sixty-seven persons registered as blind or partially sighted during the year have been examined. The results of follow-up enquiries made from the ophthalmic surgeons in relation to persons recommended for treatment are :

	<i>Cause of Disability</i>		
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends :			
(a) No Treatment	8	5	21
*(b) Treatment (medical, surgical or optical) or hospital supervision ...	18	2	13
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment	10	1	3

*Included in these figures are five cases (3 cataract, 1 glaucoma and 1 other) where it has not been possible to obtain information regarding follow-up action.

Of the cases that were recommended for treatment of any kind, the follow-up enquiry showed that treatment had been received, or was being received in respect of fourteen cases, the general condition of two patients would not allow treatment ; and three patients had declined treatment. In seven cases where treatment had been recommended the patient had not been seen since the original examination. Finally two patients had died. Of the cataract patients, six had been operated on, and at the time of the follow-up, namely May, 1959, no patient was shown as awaiting operation.

[illegible]

CAUSES OF DEATH IN ADMINISTRATIVE AREAS—RURAL DISTRICTS. TABLE I. (b)

CAUSES OF DEATH.	Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Welling- borough R.D.		Aggregate of R.Ds.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	56	64	98	128	114	82	73	60	158	138	84	82	88	100	82	79	753	738
1 Tuberculosis, respiratory	1	...	1	1	...	...	...	...	2	1	1	...	1	...	2	1	8	3
2 Tuberculosis, other .....	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
3 Syphilitic disease.....	1	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	4	...
4 Diphtheria .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping Cough.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal infections .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Acute Poliomyelitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other infective and parasitic diseases	...	1	1	...	...	2	...	...	1	...	...	...	...	1	1	...	3	...
10 Malignant neoplasm, stomach	1	1	1	3	4	4	3	...	2	2	6	2	3	2	2	5	22	1
11 Malignant neoplasm, lung, bronchus	4	...	5	...	5	1	5	...	4	...	7	...	5	3	6	...	41	...
12 Malignant neoplasm, breast .....	...	2	...	9	...	2	...	6	...	3	...	7	...	2	...	6	...	3
13 Malignant neoplasm, uterus .....	...	...	...	2	...	...	2	...	1	...	...	2	...	...	...	3	...	1
14 Other malignant & lymphatic neoplasms	4	7	10	12	13	9	9	4	12	9	5	2	6	5	11	7	70	5
15 Leukaemia, aleukaemia .....	...	1	...	1	1	...	...	1	2	...	1	...	1	1	...	...	5	...
16 Diabetes	2	...	...	...	2	1	...	1	...	3	...	2	...	1	...	1	4	...
17 Vascular lesions of nervous system	7	16	9	18	13	14	11	12	14	16	11	15	13	18	13	9	91	11
18 Coronary disease, angina	8	7	20	16	23	15	11	5	27	22	11	9	15	13	18	14	133	1
19 Hypertension with heart disease...	1	2	4	2	2	...	1	2	3	5	...	2	2	2	1	3	14	1
20 Other heart disease	12	14	13	40	15	13	9	11	20	19	8	15	12	21	11	10	100	14
21 Other circulatory disease	1	3	5	1	3	5	3	2	12	14	1	2	5	4	4	4	34	3
22 Influenza .....	...	...	1	2	1	1	1	1	...	...	...	...	...	1	1	1	4	...
23 Pneumonia	1	1	2	2	...	2	3	2	7	6	3	2	5	4	...	2	21	2
24 Bronchitis.....	2	3	4	2	5	1	5	1	6	7	6	2	5	3	2	1	35	2
25 Other diseases of respiratory system	...	...	3	...	1	...	2	1	1	2	3	2	...	...	...	1	10	...
26 Ulcer of stomach and duodenum...	...	1	1	1	1	...	...	1	1	...	1	2	...	1	2	2	6	...
27 Gastritis, enteritis and diarrhoea...	...	...	1	...	...	1	1	...	1	1	...	2	...	2	...	...	3	...
28 Nephritis and nephrosis	1	...	...	...	...	...	...	...	1	1	...	1	1	1	...	1	3	...
29 Hyperplasia of prostate .....	...	...	3	...	6	...	1	...	4	...	2	...	3	...	2	...	21	...
30 Pregnancy, childbirth, abortion ...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
31 Congenital malformations	1	...	3	2	...	...	...	...	1	...	1	1	1	...	2	...	9	...
32 Other defined and ill-defined diseases	4	1	3	9	12	8	5	7	22	21	11	7	9	5	2	6	68	...
33 Motor vehicle accidents	2	1	3	2	1	...	...	...	4	1	3	...	...	3	...	...	13	...
34 All other accidents	1	2	2	1	2	2	3	1	8	3	...	4	1	5	...	1	17	...
35 Suicide	2	...	3	1	3	1	...	...	2	1	1	...	...	2	2	1	13	...
36 Homicide and operations of war ...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deaths of Infants under 1 year of age	{ Total ...		...	3	6	3	2	1	10	5	5	3	4	3	1	1	33	...
	{ Legitimate		...	3	6	3	2	1	10	5	5	3	4	3	1	1	33	...
	{ Illegitimate		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deaths of Infants under 4 weeks of age	{ Total ...		...	2	6	3	1	1	8	5	4	2	4	1	...	1	25	...
	{ Legitimate		...	2	6	3	1	1	8	5	4	2	4	1	...	1	25	...
	{ Illegitimate		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Live Births	{ Total ...		106	85	156	147	145	122	73	89	255	259	154	150	132	130	94	86
	{ Legitimate		100	82	152	141	136	120	70	84	252	251	145	143	129	123	92	85
	{ Illegitimate		6	3	4	6	9	2	3	5	3	8	9	7	3	7	2	1
Still Births	{ Total ...		2	1	3	1	4	2	3	3	3	9	4	3	2	1	3	4
	{ Legitimate		2	1	3	1	4	2	3	3	3	9	4	3	2	1	3	4
	{ Illegitimate		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Estimated mid-year Home Population	11,210		19,170		16,370		12,020		25,270		18,250		14,410		14,000		130,000	
Comparability Factors	Births	...	1.04		1.04		1.08		1.11		1.01		1.08		1.08		1.08	
		Deaths	0.94		0.71		0.93		1.02		0.81		0.99		0.91		0.89	

CAUSES OF DEATH		Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
			All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—		
1 Tuberculosis, respiratory		M. F.	7 3	...	...	...	...	1	6	1	1	...	...	...	...	3	6	2	...	...
2 Tuberculosis, other		M. F.	1 1	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...
3 Syphilitic disease.....		M. F.	2 2	...	...	...	...	...	1	1	1	...	...	...	...	1	2	1	...	...
4 Diphtheria		M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping Cough.....		M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal infections		M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Acute Poliomyelitis		M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles		M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other infective and parasitic diseases		M. F.	1 2	...	...	...	...	...	1	1	...	...	3 4	...	...	...	1 1	...	...	1 2
10 Malignant neoplasm, stomach ...		M. F.	30 22	...	...	...	...	...	9	11	4	...	22 19	...	...	...	5 4	...	...	11 10
11 Malignant neoplasm, lung, bron- chus		M. F.	68 8	...	...	...	...	...	7	28	3	...	41 4	...	...	3	25 1	...	...	2 2
12 Malignant neoplasm, breast		M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Malignant neoplasm, uterus		M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14 Other malignant and lymphatic neoplasms		M. F.	60 73	...	...	...	...	...	1	18	19	...	70 55	...	...	...	22 18	...	...	23 18
15 Leukaemia, aleukaemia		M. F.	5 5	1	...	...	...	...	2	1	1	...	5 4	...	...	1	2	...	...	...
16 Diabetes		M. F.	6 6	...	...	...	...	...	1	1	2	...	4 9	...	...	1	1	...	...	2 5
17 Vascular lesions of nervous system.....		M. F.	105 136	...	...	...	...	...	...	38	33	...	91 118	...	...	1	5	...	...	47 77
18 Coronary disease, angina		M. F.	163 107	...	...	...	...	...	4	56	19	...	133 101	...	...	6	47 14	...	...	46 57
19 Hypertension, with heart disease		M. F.	9 20	...	...	...	...	...	...	2	2	...	14 18	...	...	...	1 3	...	...	8 11

TABLE II. (continued).
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
		All ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—		
20 Other heart disease	M. F.	131 147	...	...	...	...	4 3	17 7	20 24	90 112	...	100 143	...	...	...	...	10 8	24 30	66 103	
21 Other circulatory disease	M. F.	42 33	...	...	...	...	1 1	9 4	11 5	21 23	...	34 35	...	...	...	...	2 6	10 5	22 24	
22 Influenza	M. F.	11 7	...	...	...	...	...	2 1	4 2	5 4	...	4 6	...	...	...	...	...	2 2	2 2	
23 Pneumonia	M. F.	28 30	2 3	...	...	...	...	5 6	9 1	12 18	...	21 21	2 2	...	...	...	2 2	7 3	10 14	
24 Bronchitis.....	M. F.	54 23	2 2	...	...	...	...	19 2	24 5	9 13	...	35 20	1 ...	...	...	...	10 2	11 3	12 13	
25 Other diseases of respiratory system.....	M. F.	7 3	...	...	...	...	...	3 2	3 ...	...	...	10 6	1 1	...	...	...	4 2	1 1	3 2	
26 Ulcer of stomach and duodenum	M. F.	14 10	...	...	...	...	...	2 ...	4 2	5 7	...	6 8	...	...	...	...	2 ...	2 2	2 6	
27 Gastritis, enteritis and diarrhoea	M. F.	3 8	2 1	...	...	...	...	1 1	...	...	...	3 6	1 ...	...	...	...	...	1 3	...	3
28 Nephritis and nephrosis	M. F.	9 9	...	...	...	...	2 2	3 1	2 5	2 ...	...	3 4	...	...	...	...	...	2 ...	1 ...	1
29 Hyperplasia of prostate	M. F.	11 ...	...	...	...	...	...	...	1 ...	10 ...	...	21 ...	...	...	...	...	2 ...	5 ...	14 ...	...
30 Pregnancy, childbirth, abortion	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Congenital Malformations	M. F.	5 13	3 11	1 ...	...	...	...	1 ...	...	...	...	9 3	5 2	...	...	...	3 1	1 ...	...	...
32 Other defined and ill-defined diseases	M. F.	51 67	11 1	1 1	1 1	1 ...	2 4	5 15	11 16	19 29	...	68 64	23 13	1 1	2 2	2 1	11 15	12 8	16 20		
33 Motor vehicle accidents.....	M. F.	17 5	...	...	2 1	7 ...	3 1	3 1	...	2 ...	...	13 7	...	...	1 1	6 ...	1 2	...	1 1	...
34 All other accidents	M. F.	21 34	...	...	3 3	1 ...	5 ...	2 5	2 3	8 18	...	17 19	...	...	2 1	2 ...	7 3	2 1	1 12	...
35 Suicide	M. F.	1 7	...	...	...	...	1 2	...	...	...	...	13 6	...	...	...	...	8 5	1 1	2 ...	...
36 Homicide and operations of war	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		822	21	7	0	0	3	21	84	290		753	33	2	6	11	33	179	197	292	

TABLE II(a)

CAUSES OF DEATHS OF CHILDREN UNDER ONE YEAR—1958

Cause of Death	Age in Weeks					Total
	—1	—2	—3	—4	5-52	
Prematurity	33	—	—	—	—	33
Congenital Malformations	14	—	1	—	11	26
Respiratory Diseases	2	—	—	—	10	12
Birth Injury	6	—	—	—	1	7
Enteritis and Diarrhoea	—	—	—	—	4	4
Haemolytic Disease	4	—	—	—	—	4
Asphyxia and Atelectasis	2	—	—	—	1	3
Accidents	—	—	—	—	2	2
Infectious Diseases	—	—	—	—	—	—
Other Causes	1	—	—	—	3	4
TOTALS	62	—	1	—	32	95

TABLE II(b)

STILLBIRTHS, NEONATAL DEATHS, PERINATAL DEATHS AND
POSTNEONATAL DEATHS, 1958

Year	Stillbirths		Neonatal Deaths (up to 28 days)		Perinatal Deaths (Stillbirths and Neonatal Deaths)		Postneonatal Deaths (29 days to one year)		Infant Deaths (Neonatal and Postneonatal Deaths)	
	No.	Rate (per 1,000 live & stillbirths)	No.	Rate (per 1,000 live births)	No.	Rate (per 1,000 live & stillbirths)	No.	Rate (per 1,000 live births)	No.	Rate (per 1,000 live births)
1950	83	20.35	78	19.52	161	39.48	40	10.01	118	29.53
1951	99	24.17	61	15.26	160	39.06	40	10.00	101	25.26
1952	84	20.54	78	19.47	162	39.60	22	5.49	100	24.96
1953	92	21.18	75	17.64	167	38.46	30	7.06	105	24.70
1954	98	22.29	70	16.28	168	38.02	31	7.21	101	23.50
1955	103	24.03	52	12.43	155	36.16	35	8.36	87	20.79
1956	85	18.25	66	14.43	151	32.43	24	5.25	90	19.68
1957	91	18.80	75	15.79	166	34.30	32	6.73	107	22.53
1958	109	22.16	63	13.10	172	34.97	32	6.65	95	19.75

CASES OF INFECTIOUS DISEASES, 1958.
(Final numbers after correction.)

TABLE III.

DISEASES	URBAN DISTRICTS													RURAL DISTRICTS								Totals for Administrative County		
	Brackley (Borough)	Daventry (Borough)	Higham Ferrers (Boro')	Kettering (Borough)	Burton Latimer	Corby	Desborough	Irthlingborough	Oundle	Raunds	Rothwell	Rushden	Wellingborough	Totals for Combined Urban Districts	Brackley	Brixworth	Daventry	Kettering	Northampton	Oundle and Thrapston	Towcester		Wellingborough	Totals for Combined Rural Districts
Scarlet Fever ...	1	2	1	21	5	10	15	1	1	—	5	7	24	93	—	10	4	13	22	2	1	6	58	151
Whooping Cough...	—	—	—	35	6	27	—	—	—	—	1	4	125	198	3	—	3	5	13	34	2	11	71	269
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic ...	2	4	1	2	—	4	—	—	—	—	—	—	—	12	1	—	3	1	1	—	2	1	11	23
Non-Paralytic	86	10	9	16	2	61	1	2	7	42	3	192	31	462	111	400	38	—	713	52	225	62	1601	2063
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	51	—	13	7	—	1	1	1	—	23	6
Diphtheria ...	—	—	—	4	—	47	—	—	—	—	—	—	—	1	—	—	—	—	1	1	2	—	23	74
Dysentery (Bacillary)	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	3
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	110	—	6	3	1	13	6	14	2	46	156
Pneumonia ...	—	1	1	34	14	13	—	1	1	3	—	10	32	110	1	—	—	—	—	—	—	—	—	—
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas...	1	—	1	3	—	1	—	—	—	4	—	2	3	15	—	1	2	—	8	2	—	—	3	3
Food Poisoning	—	3	—	11	—	7	—	—	—	—	—	1	—	22	—	3	1	—	2	—	—	—	10	25
Puerperal Pyrexia	—	—	—	16	—	2	—	1	—	—	—	2	9	30	—	1	2	—	2	1	—	—	7	29
Ophthalmia Neonatorum	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	4	34
Tuberculosis of the Res-	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
piratory System ...	—	3	—	22	2	40	1	2	—	1	1	4	25	101	5	4	6	4	8	7	1	6	41	142
Other forms of Tuberculosis	—	1	1	3	—	4	—	—	—	—	—	2	2	14	3	—	2	2	2	—	2	1	12	26
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	92	24	14	168	29	217	17	7	9	50	11	224	251	1113	128	438	72	26	783	105	251	89	1892	3005

TABLE IV.

SEX AND AGE DISTRIBUTION OF NOTIFIABLE DISEASES, 1958.

Numbers of Cases of Infectious Diseases originally notified during 1958, and of the Final numbers according to Sex and Age after correction subsequently made either by the Notifying Practitioner or the Medical Superintendent of the Infectious Diseases Hospital.

	Scarlet Fever		Whooping Cough		Acute Poliomyelitis				Measles (excluding Rubella)		Diphtheria		Dysentery		Meningo-coccal Infection	
					Para.		Non-Para.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Originally notified total (all ages) ...	80	70	129	142	15	8	3	3	1026	1038	—	—	38	36	2	1
Final numbers after correction																
Under 1 year ...	—	—	6	10	—	—	—	—	23	26	—	—	1	3	—	—
Under 1 year ...	3	4	13	12	1	—	—	—	77	81	—	—	3	1	—	—
Under 2 years ...	6	2	11	17	1	—	—	—	103	91	—	—	—	3	1	1
Under 3 years ...	8	3	11	14	1	—	—	—	123	96	—	—	2	3	—	—
Under 4 years ...	15	12	29	15	1	1	—	—	118	105	—	—	5	2	—	—
Under 5 years ...	39	31	51	63	4	3	1	—	501	529	—	—	15	8	1	—
Under 14 years ...	3	11	6	7	1	1	—	—	61	81	—	—	2	4	—	—
Under 24 years ...	4	6	—	2	4	2	—	1	13	14	—	—	2	4	—	—
25 years and over ...	1	—	1	—	3	—	2	2	2	6	—	—	7	7	—	—
Unknown ...	1	2	—	1	—	—	—	—	5	8	—	—	1	1	—	—
Total (all ages) ...	80	71	128	141	16	7	3	3	1026	1037	—	—	38	36	2	1
	Acute Pneumonia		Smallpox		Acute Encephalitis				Enteric or Typhoid Fever		Paratyphoid Fever		Erysipelas		Food Poisoning	
					Infec.		Post-Inf.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Originally notified total (all ages) ...	93	63	—	—	—	—	—	—	2	3	—	—	11	14	21	7
Final numbers after correction																
Under 5 years ...	10	8	—	—	—	—	—	—	1	1	—	—	—	—	8	3
Under 5 years ...	8	6	—	—	—	—	—	—	—	—	—	—	—	1	6	—
Under 14 years ...	20	11	—	—	—	—	—	—	—	1	—	—	2	4	2	4
Under 14 years ...	32	20	—	—	—	—	—	—	—	—	—	—	3	6	3	—
25 years and over ...	17	14	—	—	—	—	—	—	—	—	—	—	6	3	2	—
Unknown ...	6	4	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Total (all ages) ...	93	63	—	—	—	—	—	—	1	2	—	—	11	14	22	7

Other notifiable diseases			
Original		Final	
M.	F.	M.	F.
Puerperal Pyrexia			
—	34	—	34
Ophthalmia Neonatorum			
—	1	—	1

NORTHAMPTONSHIRE.

TUBERCULOSIS DEATHS AND MORTALITY RATES, 1900-1958.

Year	Estimated Populations.	Tuberculosis of Respiratory System.	Death Rate per 1000 of Population.	Other forms of Tuberculosis.	Death Rate per 1000 of Population.	All forms of Tuberculosis.	Death Rate per 1000 of Population.
1900	220,678	205	.93	46	.20	251	1.13
1901	207,719	162	.78	47	.22	209	1.00
1902	209,984	199	.94	63	.30	262	1.24
1903	212,610	182	.85	66	.31	248	1.16
1904	213,874	204	.95	82	.38	286	1.33
1905	214,909	165	.77	85	.39	250	1.16
1906	216,319	186	.86	63	.29	249	1.15
1907	216,935	196	.90	61	.28	257	1.18
1908	217,765	207	.95	68	.31	275	1.26
1909	219,149	185	.84	77	.35	262	1.19
1910	220,897	190	.86	66	.29	256	1.15
1911	213,796	204	.95	77	.36	281	1.31
1912	215,091	197	.92	57	.26	254	1.18
1913	215,579	192	.89	58	.26	250	1.15
1914	216,569	178	.82	50	.23	228	1.05
1915	211,286	202	.95	59	.28	261	1.23
1916	202,552	242	1.19	60	.30	302	1.49
1917	190,215	229	1.20	55	.29	284	1.49
1918	192,564	230	1.19	59	.31	289	1.50
1919	207,508	183	.88	52	.25	235	1.13
1920	215,777	160	.74	44	.20	204	0.94
1921	212,270	172	.81	46	.21	218	1.02
1922	213,340	162	.76	27	.12	189	0.88
1923	214,331	159	.74	38	.17	197	0.91
1924	215,200	169	.78	27	.13	196	0.91
1925	215,300	174	.80	35	.17	209	0.97
1926	214,200	136	.63	28	.13	164	0.76
1927	215,000	162	.75	30	.14	192	0.89
1928	215,100	140	.65	32	.14	172	0.79
1929	216,500	159	.73	20	.09	179	0.82
1930	217,550	150	.69	31	.14	181	0.83
1931	218,300	130	.60	25	.11	155	0.71
1932	213,900	115	.53	24	.11	139	0.64
1933	214,300	116	.54	20	.09	136	0.63
1934	214,550	114	.53	34	.15	148	0.68
1935	216,200	119	.55	27	.12	146	0.67
1936	217,600	99	.45	18	.08	117	0.53
1937	220,400	94	.42	28	.13	122	0.55
1938	221,400	104	.47	24	.10	128	0.57
1939	228,300	96	.42	16	.07	112	0.49
1940	241,200	113	.47	28	.11	141	0.58
1941	259,820	106	.41	24	.09	130	0.50
1942	243,800	92	.38	28	.11	120	0.49
1943	235,000	101	.43	17	.07	118	0.50
1944	233,340	112	.48	33	.14	145	0.62
1945	228,640	111	.48	22	.10	133	0.58
1946	236,340	87	.37	20	.08	107	0.45
1947	240,210	69	.29	18	.07	87	0.36
1948	247,820	87	.35	18	.07	105	0.42
1949	250,500	101	.40	8	.03	109	0.43
1950	254,210	65	.26	10	.04	75	0.30
1951	256,700	57	.22	9	.04	66	0.26
1952	258,500	55	.21	9	.03	64	0.25
1953	262,900	42	.16	5	.02	47	0.18
1954	265,200	25	.09	7	.03	32	0.12
1955	270,000	19	.07	5	.02	24	0.09
1956	274,200	20	.07	6	.02	26	0.09
1957	278,800	15	.05	2	.01	17	0.06
1958	283,600	21	.07	3	.01	24	0.08

VITAL STATISTICS FOR 1958 AND PREVIOUS YEARS.

Year	Estimated Population mid-year	BIRTHS		DEATHS			
				Under 1 year		All Ages	
		No.	Rate per 1000 population	No.	Rate per 1000 live births	No.	Rate per 1000 population
1897	228,955	6761	29.50	906	134.00	3559	15.53
1898	234,902	6647	28.29	888	133.59	3374	14.30
1899	240,484	6632	27.59	870	131.10	3399	14.10
1900	§220,678	5621	25.47	617	109.76	3078	13.90
1901	207,719	5641	27.15	579	102.60	2758	13.27
1902	209,984	5453	25.96	535	98.11	2785	13.26
1903	212,610	5430	25.53	560	103.13	2838	13.34
1904	213,874	5265	24.61	614	116.61	2964	13.85
1905	215,909	5168	23.93	585	113.19	2812	13.02
1906	216,319	4997	23.10	514	102.86	2638	12.19
1907	216,935	4643	21.40	410	80.30	2656	12.24
1908	217,765	4755	21.83	454	95.47	2749	12.62
1909	219,149	4597	20.97	384	83.53	2790	12.73
1910	220,897	4430	20.05	356	80.36	2493	11.28
1911	213,796	4378	20.47	421	96.16	2692	12.59
1912	215,091	4281	19.90	342	79.88	2601	12.00
1913	215,579	4296	19.92	368	85.66	2525	11.71
1914	216,569	4146	19.14	305	73.56	2594	11.97
1915	211,286	4016	18.54	382	95.11	3012	14.25
1916	202,552	3822	17.34	254	66.00	2702	13.33
1917	190,215	3197	15.07	259	81.00	2665	14.01
1918	192,564	3096	14.34	210	67.00	2938	15.25
1919	†207,508	3140	14.52	254	80.00	2873	13.84
	*216,162						
1920	†215,777	4913	22.74	293	59.00	2393	11.09
	*215,968						
1921	212,769	4166	19.57	300	72.00	2514	11.84
1922	†213,340	3875	18.12	227	58.00	2507	11.75
	*213,840						
1923	†214,331	3686	17.15	225	61.00	2475	11.54
	*214,820						
1924	215,200	3494	16.23	185	52.00	2494	11.58
1925	215,300	3480	16.16	197	56.60	2525	11.72
1926	214,200	3393	15.84	177	52.16	2436	11.37
1927	215,000	3108	14.45	159	51.00	2539	11.80
1928	215,170	3175	14.75	154	48.00	2507	11.65
1929	216,500	3104	14.33	171	55.09	2649	12.23
1930	217,500	2991	13.74	126	42.12	2490	11.44
1931	218,300	2924	13.39	135	46.10	2472	11.32
1932	§213,900	2743	12.76	125	45.50	2463	11.45
1933	214,300	2665	12.43	112	42.02	2542	11.85
1934	214,550	2688	12.52	154	57.29	2706	12.61
1935	216,200	2881	13.32	146	50.67	2707	12.52
1936	217,600	3047	14.00	146	47.91	2660	12.22
1937	220,400	3104	14.08	136	43.81	2689	12.20
1938	221,400	3184	14.38	131	41.14	2552	11.52
1939	†228,300	3336	15.02	137	40.41	2758	12.08
	*222,100						
1940	241,200	3363	13.94	170	48.39	3153	13.07
1941	259,820	3511	13.51	182	48.08	3103	11.94
1942	243,800	4062	16.66	140	34.46	2687	11.02
1943	235,000	4210	17.91	170	40.38	2890	12.29
1944	233,340	4684	20.07	178	38.00	2952	12.65
1945	228,640	4340	18.98	170	39.17	2822	12.34
1946	236,340	4531	19.17	167	36.86	2835	12.00
1947	240,210	4905	20.42	172	35.07	2986	12.43
1948	247,820	4326	17.46	137	31.67	2727	11.00
1949	250,500	4056	16.19	137	33.78	3023	12.07
1950	254,210	3995	15.71	118	29.53	3054	12.01
1951	256,700	3997	15.57	101	25.26	3112	12.13
1952	258,500	4006	15.50	100	24.96	2853	11.04
1953	262,900	4250	16.16	105	24.70	3027	11.51
1954	265,200	4298	16.20	101	23.50	2929	11.04
1955	270,000	4183	15.49	87	20.79	3074	11.38
1956	274,200	4571	16.67	90	19.68	3083	11.24
1957	278,800	4748	17.03	107	22.53	3059	10.97
1958	283,600	4809	16.95	95	19.75	3170	11.17

§ Extension of Borough of Northampton.

† Population for calculation of Death Rate.

* Population for calculation of Birth Rate.

